

CLARITY ORGANISATION SERIES

THE EPILEPTIC AND CRIPPLED

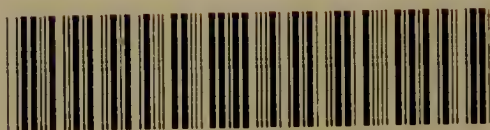




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CHARITY ORGANISATION SERIES

THE
EPILEPTIC AND CRIPPLED
CHILD AND ADULT

*A Report on the Present Condition of these Classes of
Afflicted Persons, with Suggestions for their
better Education and Employment*



LONDON
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PREFACE.

THE question of the better employment and care of epileptics was referred by the Council of the Charity Organisation Society to a special Committee, who were requested at the same time to report on the better education and care of the feeble-minded. This volume of the "Charity Organisation Series" is a part of the Report of that Committee printed separately for the convenience of persons who are more particularly interested in the former subject. Prefixed to it are the prefatory remarks and the introductory chapter, with which the volume on the feeble-minded opens. It has been thought well to reprint these, that the reader may know the conditions under which this task has been

undertaken, and may, perhaps, catch something of the spirit in which alone, it is felt, lasting reforms can be effected in this department of work.

On the 14th July, 1890, the Council of the Charity Organisation Society passed the following resolutions:—

I. That a special Committee of the Council be appointed to consider and report upon the public and charitable provision made for the care and training of feeble-minded, epileptic, deformed, and crippled persons.

II. That it be referred to the Committee in the first instance—

(1) To set on foot or promote a scientific inquiry with regard to the number and condition of feeble-minded or semi-imbecile children or adults;

(2) To raise a fund for carrying on such an inquiry, which it is estimated would cost, at least, £500, chiefly to be used in payment for the services of medical men employed in the investigation;

(3) To prepare for publication a statement endorsed by leading medical men and others who may be specially qualified to form an opinion on the subject.

The Committee, with members since added to it, consisted of :—

Mr. Timothy Holmes, F.R.C.S. (*Chairman*), Consulting Surgeon St. George's Hospital.

Mr. J. H. Allen, J.P., Chairman of Out-Relief Committee St. Pancras.

Mrs. Bartholomew, Aubert Park Home, N.

Dr. Fletcher Beach, Medical Superintendent Darenth Asylum for Imbeciles, Dartford.

Dr. Bridgewater, representing the British Medical Association.

Mrs. Percy Bunting, National Vigilance Association.

Mr. Butlin, F.R.C.S., representing the British Medical Association.

Dr. Cameron, M.P.

Lady Frederick Cavendish.

Miss Clifford, Guardian, Bristol.

Miss Clutton, Member South St. Pancras Committee C. O. S.

Mr. James Cropper.

Mrs. Dickinson, formerly Guardian, Wandsworth.

Miss Donkin, Metropolitan Association for Befriending Young Servants.

Dr. Langdon Down, Normansfield, Hampton Wick.

Mr. F. J. S. Edgecombe, Guardian, Kensington.

Dr. Farquharson, M.P.

Mrs. Fawcett, National Vigilance Association.

Hon. Mrs. Fraser, Metropolitan Association for Befriending Young Servants.

Professor Gladstone, School Board for London.

Mr. A. D. Graham, Invalid Children's Aid Association.

Mr. R. Hampson, Mrs. Hampson's Home.

Mr. Wyndham S. Holgate, H.M. Inspector of Poor Law Schools for the Metropolitan and South-Eastern District.

Dr. Ireland, Home and School for Imbeciles, Prestonpans, Edinburgh.

-
- Dr. Robert Jones, Resident Physician and Superintendent
Earlswood Asylum for Idiots.
- Mr. H. R. Knipe, Kensington National Industrial Home for
Crippled Boys.
- Rev. Brooke Lambert, Chairman of Council Metropolitan
Association for Befriending Young Servants.
- Mrs. McCallum, Guardian, Chelsea.
- Mr. A. J. S. Maddison, Secretary Reformatory and Refuge
Union.
- General Moberly, Vice-Chairman of London School Board,
Chairman of Sub-Committee on Schools for Special
Instruction, and for the Blind, Deaf, and Dumb.
- Dr. D. Nicolson, Superintendent Broadmoor Asylum.
- Miss E. N. Paget.
- Mr. J. W. Palmer, Clerk of the Hanwell Lunatic Asylum.
- Miss Poole, Secretary Metropolitan Association for Befriend-
ing Young Servants.
- Dr. Rayner, late Superintendent Hanwell Asylum.
- Miss Robarts, Trewint Home for Girls.
- Dr. Rogers, late Superintendent Rainhill Asylum.
- Sir Henry Roscoe, M.P.
- Mr. C. B. Russell.
- Miss E. Burdon Sanderson, Ladies' Samaritan Society,
National Hospital for the Paralysed and Epileptic.
- Dr. Savage, late Superintendent Bethlehem Hospital, re-
presenting British Medical Association.
- Dr. Shuttleworth, Resident Medical Superintendent Royal
Albert Asylum for Idiots and Imbeciles of the Northern
Counties, Lancaster.
- Miss Stacey, Guardian, Birmingham.
- Hon. C. H. Strutt.
- Dr. E. S. Tait, Servants' Day Home, Aubert Park, N.
- Dr. Hack Tuke, Visiting Physician Lawn House Asylum,
Hanwell; Examiner in Mental Physiology University
of London.

-
- Rev. T. Turner, formerly Chaplain Boys' Home, Regent's Park Road.
- Mr. T. G. Wainwright, Treasurer St. Thomas's Hospital ;
Chairman of Board of Management W. Surrey Schools,
Anerley.
- Mrs. Walker, Home for Girls, Bath.
- Dr. Francis Warner, Physician London Hospital.
- Dr. Webster, Medical Superintendent St. George's (Hanover Square) Infirmary.
- Mrs. Whately, Hon. Secretary Metropolitan Association for
Befriending Young Servants.
- Dr. Withers-Moore, representing British Medical Association.
- Rev. S. A. Thompson Yates, Administrative Committee of
Charity Organisation Society.
- Mr. G. T. Pilcher, *Hon. Assistant Secretary*.
- Mr. C. S. Loch, *Secretary*.

A fund of £442 was raised to carry on the investigation; the remainder of the expenditure, £211, together with the cost of printing the interim statistical report, was met by the Council of the Charity Organisation Society.¹

A statement of appeal—endorsed by leading medical men, signed by Lord Egerton of Tatton; the Chairman of the Royal Commission on the Blind, Deaf, and Dumb, and some other afflicted classes; the Bishop of London; the Chairman of the London School Board; and others—was issued in the winter of 1890; and in the course of the subsequent year the investigation with regard to the number and condi-

¹ In this sum is not included the cost of printing the present report, and that on the care of the feeble-minded.

tion of feeble-minded, or, as it was termed, "the bodily condition and brain development of school children," was proceeded with.

In July, 1891, the Committee issued an interim report containing elaborate tables and particulars respecting this investigation.¹ It also submitted to the International Congress on Hygiene and Demography, two resolutions which were adopted unanimously. The first was moved by Dr. Shuttleworth of the Royal Albert Asylum, Lancaster, the second by Mr. Ernest Hart.

They were—(1) That according to recent returns prepared by the Special Committee of the Charity Organisation Society on the Feeble-minded, Epileptic, etc., it would appear that an appreciable number of children, though not imbecile, are more or less defectively developed in brain and body. That for their training and education special arrangements are necessary. And that in the absence of such arrangements there is great probability of grave, moral, and mental deterioration.

That an investigation which has been made in

¹ The *Feeble-minded, Epileptic, Deformed, and Crippled*, an interim report containing statistical tables, based on an inquiry in regard to the bodily condition and brain development of children in Poor Law schools and in certain public elementary, certified industrial, and other schools, chiefly in the metropolis. Copies of this report, with tables, etc., up to date, can be obtained at the offices of the Charity Organisation Society, 15 Buckingham Street, Strand, W.C. Price, 2s. 6d.

regard to the conditions of bodily development and brain action in some 50,000 children indicates new and grave problems respecting the provision necessary for the care and training of those who are more or less defective in make, and also respecting the causation in certain districts, of mal-developments which are much associated with defects of the brain; and that an extended scientific inquiry is desirable for the further elucidation of the subject.

The Committee received information, suggestions, and papers from many quarters. From the following witnesses they received oral evidence:—

Dr. Fletcher Beach, Medical Superintendent Darent Imbecile Asylum.

Dr. Ferrier, National Hospital for Paralysed and Epileptic, Queen's Square.

Dr. Gover, Medical Superintendent of Prisons.

General Moberly, Vice-chairman London School Board.

Dr. Potter, Medical Superintendent of the Kensington Infirmary.

Dr. Rayner, late Medical Superintendent of the Hanwell Lunatic Asylum.

Miss M. B. Reynolds, Head Matron of the Magdalen Hospital.

Mrs. Tait, Aubert Park Home, Highbury.

Miss Townsend, Aubert Park Home, Highbury.

Dr. Webster, Medical Superintendent of St. George's (Hanover Square) Infirmary.

Oral evidence was also received, amongst others, from—

-
- Mrs. Stanton, Matron Gray's Inn Road Workhouse (Holborn Union).
Mrs. Papworth, Matron Bethnal Green Schools, Leytonstone.
Mrs. Hall, Matron Central London District Schools, Hanwell.
Miss Langford, Matron St. Mary Islington Schools, Hornsey Road, N.
Mrs. Price, Matron St. George-in-the-East Schools, Plashet

THE EPILEPTIC AND CRIPPLED.

INTRODUCTION.

CHARITY is the recognition of a personal claim for help and succour. So far as the claim is personally and deeply felt, so far is the act of charity that follows it thorough. Those who have forsworn large and lavish, or petty and insufficient methods of relief, resort, by the very earnestness of their convictions, to the duties of personal charity. They know that the only way in which they can aid the many is to aid the individual. And once they are engaged in this task their charity and their thoroughness, for the two are inseparable, im-

pel them to seek out better and better ways of helping. And so in turn the many are aided. The frequent claim for help and succour made by those who suffer from "feebleness of mind," from epilepsy, and from crippling is the reason and motive of this report. Its object is to win the interest of those to whom charity is a personal duty, and to suggest means and methods by which they may help the afflicted of these classes better, and, if possible, prevent distress.

In the work of this Committee, as the list of its members shows, many societies and individuals have taken part. Some, like those who represent the British Medical Association and Dr. Langdon Down, Dr. Hack Tuke, Dr. Fletcher Beach, Dr. Francis Warner, Dr. Shuttleworth, and others are interested in it on the medical and educational side. Others, like the National Vigilance Association, have been startled by the hopeless, defenceless condition of feeble-minded women and girls. The Metropolitan Asso-

ciation for Befriending Young Servants has found that girls who are simple-hearted and well-meaning, but feeble, in the ups and downs of service become less and less capable morally and mentally. They can work and be good in the out-of-the-world quietness of a home. They fail and fall in the pressure of life. The Poor Law Guardians see many of these cases. Year by year they and others visit the Poor Law infirmaries more frequently, and they know more; and they would prevent, if possible, the often fatal relapse to poor relief and the workhouse. The Charity Organisation Society has tried to advise, in regard to many of these cases, and to deal with them. All these societies, and the members of the committee, have recognised the fact that there is a demand for help and succour which they cannot turn away from, and which, nevertheless, they cannot now meet.

The classes, whose needs the Committee have

had to consider, are three: the feeble-minded, the epileptic, and the crippled. The term "feeble-minded" is used to signify a lesser degree of mental weakness, while imbecility and idiocy represent the more marked degrees of the malady. In America the word is often used as equivalent to "idiots" and "imbeciles." Thus the Massachusetts Home was formerly a school for idiotic and feeble-minded youth; now the latter term alone is used. And in France, as for instance, at the John Bost Asylums at La Force, "*idiotes, imbeciles, ou faibles d'esprit*" are classed together. The definition may be vague, but for practical purposes it is sufficient. The description of a few cases out of many, in regard to which correspondents of the Charity Organisation Society have asked for advice, will show generally of whom the group consists, and what the plea for help is.

"The lad," one correspondent writes, "is not an idiot, so that none of the idiot asylums would

answer the purpose. He is slightly mentally afflicted. He has very poor parents, and has never been taught anything, but he is capable of instruction, and could even later on be taught a trade in all probability. £10 or £12 a year would be paid for him."

"He is," a correspondent writes of another case, "a lad of 10 years, of slightly weak intellect, and an orphan. I consider him too bright to go to a regular idiot asylum, such as Earlswood, but he has just been sent back from the home as being slightly deficient. Friends are willing to pay a small amount."

Or to take two cases of girls, similar to several of those on the list of cases which the Metropolitan Association for Befriending Young Servants has compiled:—

(1) "A girl of deficient intellect, not thought suitable for Earlswood or any certificated asylum,

but at the same time requiring constant care and supervision."

(2) "A girl of weak mind, who, if left to herself, will go wrong. She is 16 or 17, and has been conducting herself very well in a training home for servants for nearly 18 months, but an attack of influenza temporarily upset her brain, and has left her subject to fits of temper and loss of moral control. Kind, strict supervision is required."

These cases mark the group.

But the demand for help in cases of epilepsy is equally strong. The following are notes from two out of several letters:—

(1) "A young man, over 20 years of age, has been an incurable epileptic ever since an accident when he was 11 years old. No institution will receive him. The only place offered seems to be a lunatic asylum, and as the lad is quite sane, it would be a cruelty to send him there. He is tall and strongly built, and it is really not safe to

have him in the house, as he has sometimes fallen on his poor, frail, old mother, and nearly crushed her ; besides the danger of the fire, etc.”

(2) “Solely because of the inability to get anyone to keep him in their house, my son (he has no home of his own) has gone into the workhouse. The epileptic hospitals do not keep patients permanently. He is able to do light work, and I would be willing to pay something towards his maintenance, where he could be taken care of.”

Of girls and women, other cases could be cited ; and so of cripples. Enough has been said to show that the claim is frequent, and actual, and pressing, not theoretic and unreal.

And prevention is better than cure. It was felt that if the Committee's work was to be thorough, it was not enough for it to cite cases of hardship, and propose the establishment of institutions to harbour the afflicted. It was essential, if possible, to know the facts on the medical and scientific side,

to estimate the character of the evil in its earlier stages, and to make suggestions for coping with it by better physical treatment and better educational methods. If this were not done, the charity of prevention would be ignored. Happily, through the instrumentality chiefly of Dr. Francis Warner, attention had already been drawn to the condition of child-life in schools. He had elaborated a series of tests for ascertaining in a simple and sufficient manner what, if any, were the defects of development in children; what was their nutrition and physical health, and their brain development. With the assistance of the School Board for London, and other authorities in charge of public and private schools, he was, in co-operation with other members of the Committee, enabled to examine some 45,000 children, in addition to some 5,000 whom he had examined previously, as a member of a special Committee of the British Medical Association. Thus, a large collection of facts has now

been made and statistically arranged. By this investigation, as will be seen in the subsequent chapters of this report, not a little light is thrown on the question. Philanthropists have often been as barbarous in their treatment of the distress of children as the medical men of a bygone day, who lived and prescribed in the "black dose" period. When the child has committed no offence, nor required the special instruction of a truant, industrial, or reformatory school, they have thought that their duty was fulfilled by feeding and clothing. Now, as this inquiry shows, there is a more delicate and difficult task before them. In most instances, whether food is wanted or not, the real evil cannot so be touched. Only will it be touched by a charity of intelligence, that will do for the individual what the individual, perhaps, unconsciously wants and claims, and which a quick sight and thought will alone divine and supply.

A word on the spirit in which such work must be

undertaken. Many suggestions are made in this report. For the mentally feeble, special education in public, elementary, and other schools; and special homes for their training or permanent abode. For epileptic children, special schools; for women, homes at which they may be employed in laundry, house-work, and partly in open air; and for men, homes on the "colony" system.

In the past, how have these problems been attacked? Dr. Wichern and his mother, when they introduced the now well-known family system, themselves became the housekeepers of the Rauhe Haus, near Hamburg, where they took charge of their first family, which grew to twelve poor boys. The well-known agricultural colony at Mettray, near Tours, was established in 1840, on the family system, after the model of the Rauhe Haus, as an open-air "industrial school" for boys. M. Demetz, its founder, resigning his councillorship at Paris, said: "It was no question with him of founding

a colony only : he wished to direct it until the day when it should please God to call him away." The system of M. John Bost, who opened his first home for epileptics at La Force in 1862, was to let each one have the good of the open air, and find in exercise scope and development for whatever activity he might still possess. There were no barriers, and hence no isolation : but games, classes, manual labour, and mental education in turn ; walks, songs, and religious services. "The system was very simple : variety ; the method was excellent : consideration and kindness." Of himself the story is told, that pointing to two imbecile girls whom he lodged in his house, he said : "There is my theology."

In the German colony for epileptics at Bielefeld, which, like the homes at La Force, is managed on the "family" plan, there is the same motive of personal charity. The "house-father" and nurse should, it is said, remember continually that he has to do

with those who are seriously ill, and he must never be provoked by the tricks, passions, or ingratitude of the patient, or even by his recurring fits of violence. The spirit of compassion must prevail, and it will find out how far discipline is required—the discipline that is not punishment, but an aid in the battle with sickness. Throughout all these thoughts and plans the same spirit flows—of untiring, yet self-possessed, compassion. And at the Maghull Home for Epileptics, near Liverpool, and elsewhere, we see it, too, on English soil. Yet with it we want something more. As Dr. Alexander, one of the founders of the Maghull Home, says, we want more science. In his account of a visit to Bielefeld, an institution which he praises most highly, he writes, that, “As a great religious institution for ameliorating the condition of epileptics, it is a grand success. In regard to the medical treatment proper carried on at Bielefeld, we cannot speak in such high terms. It begins and ends

with bromide of potassium, which is given very freely indeed."¹ Yet Dr. Alexander's remark has a wider application. With deeper charity we want more science. Whether in consequence of, or apart from, these or other similar criticisms, the medical treatment of epileptics at Bielefeld has been greatly modified in this direction, as the last reports of the medical officer show. As we shall narrate, changes of treatment have been introduced, and science at Bielefeld is now, it would seem, working hand in hand with charity.

Since the Committee was appointed, several homes have been established for the mentally feeble, and some steps have been taken for their better education. One home has been founded for female epileptics, and a proposal for the creation of a "colony" for epileptics is now under con-

¹ *The Treatment of Epilepsy*, by William Alexander, M.D., F.R.C.S. 1889.

sideration. To all this reference will be made later on.

We now say one word only on the plan of this report. It is proposed to state very briefly the characteristics and causes of feeble-mindedness, turning to account for this purpose the researches made by Dr. Fletcher Beach, Dr. Shuttleworth, and others. The method of investigation adopted by Dr. Francis Warner for ascertaining the physical condition of children at school will then be explained, and its results submitted. The methods in force in Germany and Sweden for teaching feeble-minded or backward children will next be reported, and proposals made for the better teaching and supervision of these children in our public elementary and Poor Law schools. The needs of feeble-minded adults will then be considered, the plans adopted in other countries for their aid, the state of the law in England in regard to their maintenance from the rates, and new plans and proposals for their help.

The information gathered in regard to the number of epileptics and their condition as children and adults, and respecting the institutions created for their assistance in other countries, and plans in force or suggested for adoption in England, will next be submitted. Lastly come a few figures and suggestions with regard to the crippled, and the proposals of the Committee in a collected form as recommendations.

The report of the Royal Commission on the Blind, Deaf, and Dumb, and other afflicted classes, and the evidence which the Commissioners collected, contain much valuable information and many suggestions. Of this report and evidence we have made free use.¹

¹ It has been found more convenient to print the first part of this report, which deals with the feeble-minded child and adult, as a separate volume of the "Charity Organisation Series."

CHAPTER I.

ENUMERATION : CONDITION AND EDUCATION OF CHILDREN.

THE life of many an epileptic may soon be told. As a child, he is not educated. As a young man, he fails to obtain employment, or, obtaining it with difficulty, he keeps it only on sufferance. As years advance and strength decreases, he retires to the workhouse or to the asylum. We have to mark his career at these stages.

First, a word as to the number of epileptics and the causes of the malady. In Germany the number is estimated to be at least one per thousand of the population. This is based on a census of epileptics in Rhineland and Westphalia, where it was found that they numbered 4,000. Dr. Peterson puts the number of epileptics in New York State at 12,000, or about two per thousand. A census made by Dr. Bircher for the canton of

Aarau, in Switzerland, gives a rather higher figure—2·42 per thousand. There has been, so far as we know, no census of epileptics made for either a part or the whole of Great Britain. Provisionally, we accept the German estimate, which would yield a total of 29,081 in England and Wales. But some considerations must be borne in mind in reference to such a figure. Epilepsy often merges into idiocy or imbecility, and a proportion of these cases should rather be counted under the latter head. They would be, or should be, under treatment in asylums. Dr. Shuttleworth says that twenty-five per cent. of all imbeciles are more or less epileptic. The above estimate includes epilepsy of all types and stages. Again, in setting the total number of epileptics against the number of them for whom provision may be required, Pastor von Bodelschwingh calculates that only 15 to 20 per cent. of the worst cases, whom no one will employ, will apply for admission. At Potsdam they estimate that provision should be made for 10 per cent. of the epileptic population.

Of the immediate causes of epilepsy there is much dispute. It is generally held to be, to a

great extent, due to heredity, and to be accounted for by conditions very similar to those found in the case of idiots and imbeciles. At Zürich, it was ascertained that, of 175 patients, 15 per cent. were the children of inebriates; and Dr. Fletcher Beach told us that he considered drunkenness a frequent cause, especially in pauper cases. Dr. Ferrier said that he "generally inquired into the family history of epileptics, and found hereditary tendencies very common indeed. One or other of the parents, or some near relative was epileptic, or the father was intemperate." He constantly found such causes at work.

Dr. Bertelsmann, the medical officer at Bielefeld, says in his report for 1891, that in the cases of 244 patients received during 1889, it appeared that in 108 the causes were unknown; in 35, hereditary tendency was traceable; in 46, fright was given as the cause. Other causes were given in 55 cases. Heredity, he thinks, should be more generally accepted as the cause than it usually is in statistics; yet cases in which epilepsy shows itself spontaneously are, he believes, equally numerous, and in these he believes that almost

“every nervous affection may develop into pure epilepsy, and become chronic.”

Of the number of epileptic children our inquiries have given us general data only. In Darenth, the Asylum for Imbecile Children, which is under the management of the Metropolitan Asylum Board, between 300 and 400 are epileptic children who are also partly imbecile or idiotic. In the infirmaries and workhouses are very few. Returns from ten metropolitan unions gave the number as 6 (4 boys and 2 girls); and eight provincial unions at 3 (2 boys and 1 girl). In the Poor Law schools of the metropolis there are but few also, 5 only out of the 9,831 children there, seen by Dr. Warner. To these schools children are not admitted unless the medical officer is of opinion that they are “free from disease and able to take part at once in the ordinary discipline and occupation of the school”; and thus epileptic children would usually be excluded. In the public elementary schools Dr. Warner found 48 among 36,378 children—idiots and imbeciles apart. It may be inferred that the larger number of them are to be found among the children who attend no

school at all. Thus of 372 cases in which children were exempted from attendance at the public elementary schools in London in 1891, 61, it is stated, were epileptic, and probably among the exempted crippled, 806 in number, and certainly among the exempted idiotic children, who numbered 397, a proportion were also epileptic. Also at the National Hospital for Epileptics, where, by the kind permission of the authorities, cases were noted by Col. Montefiore on our behalf at the out-patient department, it was found that of 42 children of from 3 to 15 years of age, 4 only were attending school regularly. These figures do not enable us to settle what the number of epileptic children is. But they suggest that the number is considerable, since the proportion of those found by Dr. Warner to be attending a public elementary school, compared with the total number of school children, is alone more than one per thousand; and the larger number do not attend school. Also, the experience of the colony for epileptics at Bielefeld in Germany shows that epileptics die early: the proportion of the epileptics to the general school population would,

therefore, be relatively larger than their proportion to the population as a whole. Two to three per thousand among children would not be too high an estimate probably.

The physical condition and education of epileptic children may be learnt in some degree from the inquiries we have made.

In the certified industrial schools that were examined (1,995 children), no cases were found; and in the homes and orphanages (1,823 children), one girl only. The following figures give the result of the inquiry in all the four classes of schools :—

Boys.	Girls.	Total.
26,884	23,143	50,027

With history of fits :—

Boys.	Girls.	Total.
32	22	54

Of these :—

Boys.	Girls.	Total.	
22	13	35	had "nerve signs."
23	12	35	were dull.
6	5	11	suffered from low nutrition.
19	9	28	from "defects of development."

The "low nutrition" cases were in the public elementary schools. Naturally, the larger number were "dull." In three of the children all the four defects were found.

Of each of the 54 cases notes were taken. We quote one or two by way of illustration:—

649.—Girl, age 11, Standard II. Big for class. Expression and balance normal, but held head often in a symmetrical posture. Eyes much turned down. Reported to have had fits till eighteen months ago.

2,366.—Boy, age 12, Standard I. Physiognomy normal. Expression fixed, with corrugation. O. oculi relaxed. Thin and pale. Stammers. Is weak and dull, and is said to have had fits.

2,394.—Boy, age 5, Infant Standard. Head small. Too motionless. Without expression. Looks pale, thin, and delicate. Is said to have had fits at home; none in school. A good child; not lively. Reads fairly well.

3,718.—Boy, age 11, Standard IV. Expression wanting. Smiles much. Looks deficient in intellect. Speech defective and indistinct. Did not talk till five years of age. General appearance healthy. Reported as "very good

and well conducted. Very nervous. Ability average in all subjects except reading, which is owing to defect in speech. Has fits in school."

5,355.—Boy, aged 13, Standard VI. Head, features and expression normal. Hand-balance weak. Lordosis. A clever boy. Conduct very good. Has epileptic fits both at home and in school.

6,719.—Boy, aged 12, Standard VI. Squint. Epileptic. Was sharp till fits came on. Now does an average, but with an effort.

Colonel Montefiore reports of the children seen by him, 42 in number, of whom 22 were boys:—

2 were attending school, and had never had a fit there.

7 occasionally went to school, but did not learn much.

1 had had a fit in school, but is still allowed to attend.

1 is 11 years old and goes to school, but is in the infant class.

19 have left school on account of the fits. In most cases their teachers will not allow them to attend.

12 for various reasons are unable to go to school. They are never likely to learn much, or they need special care and attention.

It was noted that only in two of these cases the child had never had fits at school.

We set beside these figures those which Dr. Ferrier has furnished to us. He saw in the outpatient department of the National Hospital in the—

Year.	Boys.	Girls.	Total.
1889	171	144	315
1890	182	149	331
1891	179	174	353

This is a large number compared with children either attending or exempted from attending the public elementary schools. If the proportion of those who are not attending school is as great as it was in the cases Colonel Montefiore noted, but few of them would be receiving regular school instruction.

The child who suffers from epilepsy is sometimes clever, and often able to do his school work according to the average standard. But especially if he be spoilt at home, which is often the case, he becomes moody and morose, loses his mental poise, and becomes disinclined for any steady labour. "The epileptic," Dr. Alexander says, "is spoiled by the almost inevitable partiality of his parents; the mind, already debased more or less by the disease,

becomes still worse regulated by indulgence. Tyranny becomes sweet by practice ; the usual parental discipline that moulds the civilised child is wanting, or fitful in its exercise, and the epileptic consequently tends to become a young savage, with all the delight of a savage in cruelty and oppression.”¹ All the evidence is in favour of his early and systematic education, more even in habit and character than in mere instruction. And early treatment aids the instruction also. “If the fits are allowed to go on unchecked in their frequency and intensity, there is no doubt, Dr. Ferrier says, “a tendency to impairment of the intellect. . . . It is a great mistake to allow epileptic children to be idle. It simply increases the instability of their nervous system. . . . When neglected, they undoubtedly deteriorate.”

¹ *The Treatment of Epilepsy*, p. 155, by Wm. Alexander, M.D., F.R.C.S.

CHAPTER II.

THE SCHOOLING OF EPILEPTIC CHILDREN.

EPILEPTIC children frequently, as we have seen, do not attend the ordinary schools. How far can they do so? and should they be taught?

On this Dr. Ferrier says: "It is a disturbing influence in an ordinary school to have children liable to fits during school hours. Boys at school so affected are frequently sent away on account of their influence on others. Some masters will take such boys, but only on certain conditions. The occurrence of fits in a school causes all kinds of nervous disturbances on the part of other children, and the terror sometimes caused by epilepsy might induce it in others who had a predisposition. . . . The whole school may be upset in consequence. I do not see apart from that why epileptics should not be educated with other children, so far as their mental condition is concerned. Some are very

clever. Many persons occupying responsible positions in society are suffering from epilepsy, and are doing excellent work. . . . Hemiplegic children should not be excluded.¹ There are some infantile hemiplegic cases associated with distinct imbecility, others with actual idiocy, others without either the one or the other. . . . Most of them are subject to epilepsy at some period. Those going to and from home to the classes are not necessarily amiss. There is no danger in epilepsy itself, though there may be risk of injury by falling in the street and so on. So far as education is concerned, and supposing a child is not idiotic or imbecile, I would not advise epileptic children being removed from the institutions adapted for the education of children generally—day schools. . . . I should leave it to the masters and managers to be the judges.”

With this conclusion we are in full accord, though we have still the chief difficulty to face. Most epileptic children apparently don't go to

¹ It may be well to say, by way of definition, that hemiplegia is “a form of paralysis, in which one side of the body is deprived of sensation or motion, or of both.”

school on account of the disturbance and trouble they cause. And often, according to Dr. Alexander, they should not go. He writes that "he is convinced that as society is at present constituted, except in very mild cases, the epileptic cannot be educated, cannot be taught a trade, and cannot be employed in company with ordinary healthy boys, youths, or men."

The reports of the Zürich Institution for Epileptics bear out this view. They say, "It is not only the special medical treatment which an institution can afford the sick child—above all things it is the fitting instruction, education, and employment which, even apart from improvement in health, are of the highest value to the sick, and not the least is a gladsome, lively intercourse with other children, which at home is sometimes painfully avoided by children who are well—even by brothers and sisters." And the result is marked. At the boarding-school "they learn to muster up and exercise their distracted faculties, to master themselves, to be punctual and obedient, and, above all things—a matter in which an epileptic is often wanting—to find pleasure in regular activity, and to regain the

confidence which he has often lost in his own power of performance." The fits are fewer, and instances are given that under this training the afflicted children, with carefully graded teaching and a sufficient staff of teachers, make great progress, physically and mentally.

Dr. Rayner confirms this. Speaking of "the very worst class of cases" that go to Darent, he says: "I think they do improve them very much. And they improve them specially in the power of being able to work—those who do improve at all. Therefore I should think that to take these children into healthful country conditions, under proper training, would be very beneficial to them. Epilepsy is specially a disease of large towns. It is found in the country, but in large towns in much greater proportion."

The experience at the colony for epileptics at Bielefeld supports this conclusion. There the children are settled family fashion, as we shall show, in houses dotted about in a wooded country district, with such well ordered schooling as their malady permits, and the enjoyment of sunny open-air life. It is the same, too, at the Zürich

institution, which is placed on a slope above the lake among orchards and vineyards, where in summer the children can work in the garden and in the fields. We may conclude then, for children who should not, or cannot, attend the ordinary elementary schools, a country settlement of some kind is best.

CHAPTER III.

THE ADULT EPILEPTIC.

AT most of the institutions or colonies abroad, where children are lodged and cared for, there are also adult epileptics received. The child and young person and adult have, therefore, to be considered together, before we submit our main suggestions.

The grown-up unemployed, or only partially employed, epileptic, is a familiar difficulty. Of the 70 adult out-patients, whom Col. Montefiore questioned at the National Hospital,—

38 had lost situations and could get no one to employ them.

2 could occasionally get work to do at home.

2 obtained temporary work but could get nothing permanent.

1 had to give up well-paid work as a railway servant, and is now a road sweeper.

27 are entirely unable to perform any kind of work, unless carefully supervised.

The epileptics are, in fact, a large contingent of the usually or permanently unemployed.

Dr. Ferrier told us that he "had taken a particular interest in those who, in the intervals of their fits, were capable of working, but who, by reason of epilepsy were without employment. I constantly see at the hospital," he said, "skilled artisans who are perfectly able to work, who are subject to fits. Once they have a fit in the workshop, they are turned adrift. There is no provision for them. A great many of them are quite capable of working, but being uncertain and not to be depended on, they cannot get employment, and become paupers. . . . The Poor Law does nothing for them but keep them alive, whereas charity might benefit them considerably."

We turn then to the workhouse. We find that in the large unions there are usually many epileptics in the workhouse. Thus in the City of London Workhouse and Infirmary there are 43; in St. George's, Hanover Square, 43; in St. George-in-the-East, 35; in Kensington, 20 females and 15 males; in Wandsworth, 22.

In the infirmaries there are comparatively few:

in Shoreditch Infirmary, for instance, 9 ; in Mile End, 9 ; in Whitechapel, 10, though some of the Boards keep these cases in the infirmary rather than in the workhouse—in the City of London Union, for instance, where 30 of their 43 epileptics are in the infirmary. In the unions in large towns the numbers, too, are large ; in Sheffield, 40 ; Barton Regis, Bristol, 52 ; Bristol Incorporation, 45 ; Salford, 80 ; Toxteth Park, Liverpool, 40.¹ At Barton Regis, it is remarked, that of 51 who have convulsions, 8 are sane : the remainder are in the lunatic wards of the workhouse. No doubt many of these epileptics are in the later or worse stages of their malady, and would be discovered among the imbeciles in workhouses, on whom the Lunacy Commissioners report, and of whom they found 13,800 in 277, that is about half of our workhouses. We may conclude, therefore, that a large number of these cases would now be beyond control and treatment.²

¹ These figures refer to a census made on different dates in 1891.

² Since the above was written we have received a letter from Dr. Alexander, saying that, in the Liverpool workhouse and its branches, there are 99 epileptics. Of these,

There are amongst them, however, many who are quite able to work under supervision. Dr. Alexander is the visiting surgeon of the "Liverpool Workhouse Hospital," and he draws a picture of his patients thus :—

"If we follow those epileptics who go into the workhouse, we will find that no organised effort is there made to teach, instruct, or employ. One or two of the least afflicted assist the attendants in washing, carrying, bed-making, etc., but the majority dream away their existence, become fat and lazy, enliven passing 35 are imbecile, 14 idiotic, and 2 insane—leaving 48 sane. He adds, "Several of the imbecile epileptics referred to above would, however, be suitable for Maghull. There is a large floating epileptic population in Liverpool, who come into the workhouse temporarily, either into the general wards or the epileptic, but whose exact number it would be difficult to estimate, but who would willingly enter a suitable home." On this point of the "floating epileptic population" we might quote the evidence of Mr. Douglas, the experienced master of the St. Marylebone Workhouse. He says: "All severe cases of epilepsy are transferred to an imbecile asylum. There are (in the workhouse) a few inmates subject to fits, but who require no special attention, for their fits do not appear to interfere with their remaining out of the workhouse for long periods."

hours by quarrelling with each other, by acquiring bad habits from each other, or by contriving how more food can be obtained.

“I have tried the usual employment given in such places, but it is entirely unsuitable; picking oakum, peeling potatoes, sweeping passages: all penal occupations tending to deteriorate, rather than to elevate, the mind. Even when the epileptic prefers these dreary occupations to idleness, he cannot, sometimes, be allowed to follow them. The usual fright ensues when a fit takes place. The patient is brought back to the epileptic ward by the attendant, who says that he is afraid of the responsibility, that the patient is not a case for that department, etc. etc., until the medical officer generally has to yield to repeated remonstrances, in the fear lest some fatality might happen, and the objectors then seem to have been in the right as to the proper location of the case. And so the patient has to return to dreary walking through the ward, varied by quarrels, fits, and meal times, until imbecility, consumption, or some other disease carries him off.”

To this strong indictment it may be answered "classify." We may give a statement of Dr. Webster's, by way of rejoinder :—

Q.—As a matter of fact, are the epileptics separated as you think they ought to be?

No. In many workhouses they generally mix with the infirm, crippled, and deformed.

Q.—According to the present conformation of a workhouse, is it possible to separate them?

I don't think it is. Already there are many divisions, many classes. I don't think in any present workhouse they would be able to make a complete classification without spending a great deal of money in the arrangements. . . . It is very difficult. There are such numbers of people of all ages and classes of disease; and the numbers in the various classes fluctuate so much, that it is almost impossible to provide accommodation in some workhouses. . . . Epileptics should certainly be apart in an institution provided for them.

On the other hand, Dr. Potter did not appear to share this view. At Kensington they "kept

three epileptics in the infirmary, but some, who showed signs of imbecility, were sent to asylums. He could not suggest any special provision other than that afforded by the workhouse and infirmary. They could not be put into prolonged employment. He had often tried to find them situations, but mistresses will not keep servants, nor masters men. He thought nothing further could be done."

The majority of our correspondents, however, share Dr. Webster's opinion. The clerk to the Paddington Board of Guardians writes:—

"The epileptics have always been sent to Darent in consequence of the lack of any special hospital accommodation. There is much need for a Poor Law institution for these cases, or an institution where guardians' cases could be received. At the epileptic hospital the cases are turned out when nothing more can be done for them."

And others make similar proposals.

We conclude that some provision other than the workhouse should be made for the care and

employment of epileptics, and judging from the evidence that we are about to submit, we believe that a settlement, on what is called the colony system, is the best form of establishment for the purpose. We would now sketch in outline so much of the growth and methods of that system as would show under what conditions, in our opinion, it is likely to succeed in England, so as to meet the largeness of the need.

CHAPTER IV.

LA FORCE : THE COUNTRY HOME AND NURSING.

THE "Asiles John Bost" are well-known, though probably they were better known in England to many of the last generation than they are to this. John Bost, appointed to a dissenting Protestant church at La Force in Dordogne, not far from Bordeaux, out of sympathy with friendless girls opened for them a home adjoining his church, and called it *La Famille Evangélique*. The members of his congregation, who were mostly labourers, few and poor, helped him by carting the materials for the building; the money to pay for its erection he begged in France, England, and Switzerland, making a sort of preaching and begging crusade for the purpose. This later on, as his establishments grew, he did repeatedly. "It was necessary to run over hill and dale for months and months" to make the needful collections

When Bost had once created the demand for assistance in his "famille," he was put about to meet it. He was repeatedly asked to receive cases which he could not place in the family. There were applicants who were infirm and weak or old, idiots and epileptics. By degrees he found room for them, adding one house and then another for his settlers. House No. 2, which he called Bethesda, was an asylum for young girls, who were weak or incurable, or blind, or threatened with blindness, or idiotic, imbecile, or feeble-minded. House No. 3 was for young girls who were epileptics; and house No. 4 was for women who were in the more hopeless conditions of idiocy or epilepsy. Three similar houses were built or adapted for boys of the same classes. He erected also two other "asiles" for aged and infirm women. The last house he founded in 1881. It was *La Compassion*, the third of the series for boys.¹ The first, *La Famille*, was founded in 1848. The settlement was thus the work of a lifetime. The houses were not systematically arranged.

¹ The inmates numbered in the three houses for women 80, 56, and 40; in two of the three for men, 84, 70.

They clustered round a centre. They, like many of the charitable institutions abroad, the Rauhe Haus, Mettray, La Sainte Foy, the agricultural colony for boys at Rijsselt, and others, both Roman Catholic and Protestant, were built on the family system, not as an institution, but as a family of homes. Our bent in the last generation was, in strange contrast to this, decidedly institutional. The "home" with us usually became not a home, but an immense edifice. It is out of this other and better tradition that the colonies, and especially the homes and colonies for epileptics with which we are concerned, grew up. La Force is on a hill in a dry open country of vineyards and corn-fields. The country was valued by Bost as a place of healing and convalescence. He wrote (1860) that he "never visited the hospitals in great cities without a feeling of distress. . . . Everything *art* could contribute for restoration to health was applied. . . . What was wanting was the country air. The true place for a hospital for scrofula, for consumption, for incurable disease was not in a town, but in the country, where the invalids might occupy them-

selves in the fields, in the garden; where they could go into the stable and see the cattle; where, in a word, they were placed in sight of the works of creation, which are so adapted to raise their thoughts towards God, who is love even when his hand presses heavily upon them!" Charity and instinct thus led Bost, one might almost say, to stumble on a method, which he applied to epileptics, and which has since been generally followed on the continent. The motive was religious; in effect the end was also medical and hygienic. Bromides and hydropathy were used, but the open-air life, with work, freedom from care, and "variety" was the chief treatment. The report of 1886 gives a table of 24 cases and attacks for the first three months of the years 1883, 1884, 1885, and 1886. The number of attacks were 983, 771, 787, 583, showing a clear diminution of the malady.

From John Bost then comes the first suggestion. The second comes to the surface in the larger and completer organisation of the colony system in Germany.

Dr. Wichern, who opened the Rauhe Haus near Hamburg, with the circle of houses for

boys which sprang up around it, desired to make his establishment the means of providing Germany, and indeed other parts of the world also, with deacons, who would form a brotherhood, and be trained, under agreement, to go wherever they might be sent, and either undertake parochial work or be employed as nurses, masters of prisons, poorhouses, and other similar institutions. He employed such men to take charge of the houses in his settlement. In each house of boys was a small company of 8 or 10 of these men. They taught the boys of the settlement their various trades, for they were mostly from the working-class, and themselves received instruction. Afterwards the scheme grew. At Duisburg was established a deacons' house, and at Kaiserswerth an hospital school, and other institutions for training deaconesses to serve as nurses and teachers. This was all part of the "Innere Mission" of which Dr. Wichern, about the year 1849, was the chief promoter. The mission had for its object practical, charitable, and missionary work; it was in part a substitute for the German parochial system, in a lesser degree an aid to

it. Out of it were developed the nursing establishments for many of the epileptic colonies, and out of it sprang the colony at Bielefeld.¹

We lay stress upon this side of the Bielefeld work, because it is generally overlooked, and because without reference to it the creation of the colony system abroad cannot be understood. Also, if by degrees the epileptics in England were to be drawn from their homes and from the workhouses, to which they now gravitate, and placed in settlements, a large and special type of nursing staff would be required for their care and supervision. Possibly in England this might become one large branch of the nursing profession.

¹ The nursing at the Potsdam colony for epileptics is entrusted to the deaconesses of the Elizabeth Infirmary for the women, and for the men, to the brothers of the Johannestift at Berlin.

CHAPTER V.

THE EPILEPTIC COLONY AT BIELEFELD.

IN the outskirts of Bielefeld there is what appears to be the suburb of a German provincial town. It is prettily wooded ; there are some large rather institution-like houses on a hill on the left as one walks countrywards, and further on are other houses, smaller and more scattered. These are all homes or institutions of one kind and another. The suburb is the settlement of three bodies. Under the name of Bethel are the houses that form part of the colony for epileptics. The house and institutions of the Westphalian Deaconesses are a second part ; and a third consists of the institutions of the Westphalian Brotherhood. In all there are some sixty houses. The population of the colony, including the other institutions, is 2,000. Of these about 1,100 are epileptic. Its estate extends over 1,350 acres, lying chiefly

in two of the woodland valleys of the old Teutoburger Forest, and includes a farm of 1,000 acres, called Senne, worked by the colonists. There is great variety of both soil and aspect. The homes are for all classes of patients and for all kinds of industrial occupations. Patients of all denominations are received. The colony is Lutheran or evangelical, and there is a church. There are schools, an orchestral society, a museum of art, ethnography, and natural history. There are all manner of outdoor amusements, sports, and "fests" for the settlers. The colony is, in fact, a society in itself; and to Herr Pastor von Bodelschwingh belongs the honour of having organised, if not founded, this society.

"Bethel, the colony for epileptics, near Bielefeld," so it runs in the official documents, "the establishment of which is due to the Provincial Committee of the Innere or Home Mission in Rhineland and Westphalia, has for its object the bodily and spiritual care of persons who suffer from epilepsy, and, as far as possible, their cure. It is (1) a sanatorium; in every case, without exception, a medical investigation is made; (2)

an institution for the education and instruction of epileptic children ; (3) an institution for the employment of epileptics ; and (4) an asylum for imbecile epileptics."

Before passing to details of organisation we would describe the colony, using chiefly for that purpose an account which Miss Burdon Sanderson, a member of our Committee, has given of her visit to it last year. She visited it in the absence of Pastor Stürmer, "on whom," she says, "we called, and who was just starting with a merry party of children for a neighbouring farm to spend the day, the farmer providing the vans and a liberal supply of food." The homes or houses all bear Scripture names.

At "Peniel," the workshop and home where the tailors of the colony are employed, "we spent some time," she writes. "The inmates all looked happy, and spoke as if they enjoyed and felt an interest in their work. The Haus Vater, for there is a house father or mother in charge of most of the homes, and his very cheerful wife showed us over the whole establishment. The husband, a tailor by trade, superintended the tailors ; the wife cooked, and was preparing the

mid-day meal. One of the rooms was full of cloth, ready for cutting out, and for sale at cost price. The dormitories are large and comfortable, with a fine view of the hills. With the epileptics a few cripples were at work, an arrangement which was found to answer well. This is the last erected of the workshops. It was opened in 1888; 28 persons live in it."

"Gilgal" is a smithy. Nearly all the workmen here are epileptics. They make keys, locks, iron window-frames, files, pumps, zinc biscuit-boxes, pipes, tyres for wheels, etc.

"Sharon" is a seedhouse. "We saw the store of seeds gathered in from the large tract of land used as a garden, close by. Here also is a store-room containing clothes for the brothers and sisters. In the garden are two greenhouses and a seedhouse, in which boys and girls collect, sort, and send off seeds to all parts of the country." A profit is made by the colony on the sale of flowers and seeds. This branch of industry may well be recommended. "We saw gentlemen boarders working here, but they did not work with the same zest as the

poorer labourers." The "family" of the gardener resides at "Alt Bethsaida."

"Little Nazareth" is a joiners' shop. The house, built in 1883, consists of several warehouses for wood, and a home for the workers, who are nearly all epileptics, and is under the charge of a married Haus Vater, who is the director of the workshops. "They use saws, 2 turning wheels, and 28 planes worked by steam. Their work is solid and neat, and has from the first been very productive. Everything made is used in the colony, tables, chairs, cupboards, windows, etc. The men appear to manage the machinery without danger to themselves. We asked the house father if, when one had a fit, it alarmed the others. He replied, 'No; not at all. They know how to manage each other.'"

"Bethel" is the largest house of the colony. It is the mother-house. In it is a large hall, which is used as a dining-hall by the men who live in workshops that have no kitchen or dining-rooms attached to them. Six hundred people have their meals here. The hall is also used for service by those who are unable to attend the

church. Bethel is rather elaborately organised, for it contains 188 adults or young persons, and 80 children under 14; 5 imbeciles, 9 female servants, and 3 seamstresses (who are not sufferers from epilepsy), the house parent, in this case a sister, with a nursing staff of 22 deaconesses. It thus contains a population of 308 persons.

The invalids are divided into fourteen groups. One room is occupied by young boarders, not yet well enough to go to Bethany, the home for lady boarders. Two divisions are reserved for weak-minded epileptics. They have the mere pleasure of companionship here, for they cannot attempt to learn. They are generally quite happy with their toys, the house mother says, but suddenly sometimes they have long fits of crying, and it is difficult to quiet them, for they cannot explain why they cry. Another division consists of the school for girls. All these are epileptic. "The master," Miss Burdon Sanderson writes, "was teaching them in a bright kind way. He says they are quick, but do not retain knowledge. In the room was the inevitable couch, upon which a girl was lying, just recovering from a fit.

There is school twice a day. In the teaching 21 deaconesses help. At the top of the house is the storeroom for the children's clothes. The children are nicely dressed, and wear no uniform."

The patients help in the kitchen, the laundry, in scrubbing and housework, and in serving the meals in the dining-hall. In another special department they help in sewing, darning, and patching clothes. "They want much patience and forbearance, quiet and oversight."¹

Attached to Bethel is the laundry. The washing for some 600 persons in the colony is there done. Some 18 girls, who are but slightly afflicted, work there, helped by three maid-servants, under the supervision of two sisters. There is the complete apparatus for a large laundry, boilers, drying-room, and drying-yard. This is a favourite home, and the girls can often be heard singing at their work.

"Bersaba" is a boarding-house for women who are in worse health than those at Hermon, another home for lady boarders. The patients at these homes are of a better social standing than

¹ *The History of the Colony.* 1889.

most of the colonists. The residents at Bersaba have received a good education, and medical care when young; but in spite of this, the disease has permanently affected their minds. Attached to the house is a large garden and meadows, with a stream flowing through them.

For men in the same stage of this malady there is a similar home. Such invalids are employed as much as possible in the garden and in the woods.

At "Bethany" are two houses for lady boarders. Patients who pay fees according to the first-class scale have a room to themselves, and, if necessary, a sister to wait upon them solely. Those in the second class share a room, two together, and the services of a sister. A deaconess is at the head of each house. In the two there are 75 patients. They paint, play, and work in the garden. Their life, shared with others of their own social position, who suffer from the same malady, is happier than it would be at home.

At "Carmel"—a pleasant friendly-looking two-storeyed house—are about 40 girls under 5 sisters. It is a kind of training school for housework of all kinds. The girls there are recovering. They

can do their daily work without harm. They have to wash, iron, cook, and work in the garden. Some of them go out to other homes to wash; and they knit, too, for other homes. For autumn work, which serves for the whole establishment, they get ready a pile of sacks, in which the Ravensberg people send to the colony their gifts in kind as soon as the harvest is over. This home is a complete household in itself, with two cows, a goat, pigs, and poultry.¹

This walk through the colony will have given the reader some idea of its character.

There are other houses, one for gardening; four besides Eichhof are agricultural; and in connection with one of these is a brickfield, on which work 29 men, but none of them epileptics. In the workshops are sometimes as many as 30 workers and learners, some of them very ill, but some sufficiently recovered to be able to earn their bread. The men do whatever building, carpentering, etc., is required in the colony. The homes, especially those of more recent date, are usually smaller. They contain from 14, 15, or 16 inmates to 41, 42, and 50.

¹ *The History, etc.* 1889.

One for boys of school age—Great Nazareth—contains, including a nursing staff of 14, 183; another for farm labourers contains 91. Bethel, opened in 1873, is the largest, as we have said. Generally speaking, it may be said that the homes form four groups, dotted about as has been found convenient in the growth of the colony: homes for epileptic or imbecile epileptic women and girls, classified or partially classified according to age, severity of malady, and social status; next, similar homes for men and boys; then workshop homes; and lastly, houses for the staff. Each home is under separate management, in some degree a unit by itself. There is thus, as home is added to home, a continually larger scope for adequate classification.

Eichhof is two hours' walk from Bethel, the large central home, and stands among oaks and beeches, and with woods on two sides of it. Attached to it are 422 acres of good land. It is an enlarged farm-house. Its inmates are young men who are suffering from nervous disorders or recovering from epilepsy. They number 12 to 15, and pay from £50 to £90

each for board. They learn farming. Those who will not work are not received. They can be instructed in many kinds of husbandry, horticulture, fruit-growing, the management of meadowland, and forestry. There are pleasure grounds with German nine-pins and other amusements.

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CHAPTER VI.

NOTES ON THE FINANCE, ORGANISATION, AND RESULTS OF THE BIELEFELD AND OTHER COLONIES.

WE now return to details of organisation.

There were in the colony in June, 1891, 159 children, who were being educated in seven different classes. Of these, 86 were of sound, and 73 of weak mind; 96 were boys, 70 girls. Or taking the year 1889, there were during that year 112 males and 85 females of school age (4 to 14), and 9 under 4 years. The youngest children are taught in the day by those who have charge of them at night. If, therefore, a scheme for assisting epileptics is considered as a whole, it must, it is evident, provide for the school education of a large number from a very early age. Many, no doubt, will continue to attend the ordinary public elementary schools, and may rightly perhaps remain there; but others should be mem-

bers of a colony, and may seek it or be sent to it "only when," as Dr. Bertelsmann says, "all other means of cure have failed and they are driven out from their profession or work by their malady." Yet in the future, prevention and care in childhood will probably be considered more important than it has been hitherto, and if it be so, a school or schools must form a large part of any well-equipped colony for epileptics.

The colony will be the permanent residence of very many who are admitted. During 1889 there were in the Bielefeld colony 606 male and 407 female adults. Of the new admissions, which numbered 244, 212 were admitted for the first, 30 for the second, and 2 for the third time. These re-admissions prove that many of the patients are nowhere better cared for than in the institution set apart for them. For, when after years of rest and freedom from excitement they come out again into the world and its bustle, finding their malady grow worse, they become conscious of their unfitness for it, and are often only too glad to return to the colony.¹ Further, in 1889 it was said that of

¹ See Dr. Bertelsmann's report, 1889-90.

new admissions 30 per cent. were epileptic imbeciles.

Once established, the colony increases continually. At Bielefeld there were, in 1878, 250 epileptics; in 1880, 458; in 1886, 830; and on the 1st January, 1891, there were 1,073, while in that year 1,277 patients had been treated. Colonies of more recent date in other parts of Germany have also, many of them, grown rapidly. Thus at the Potsdam colony the numbers were, in 1887, 41 in two houses; in 1889, 68 in three houses; in 1890, 106 in five houses, with (we quote from the last report) a very small house besides, "charmingly situated in a woodland corner on the farthest boundary of our property," for the use of weak-minded epileptic children. There is thus a clear demand, which, on a competent system of finance, should make it comparatively easy to meet the expenses of such colonies.

How then are they financed? At Bielefeld the colony is supported, amongst other ways, several of which we shall consider, by contributions made by or on behalf of patients. There are three classes. The first consists of those

who are in easy circumstances ; the second of the respectable middle-class ; the third of the working class. The payment for a year is usually made in accordance with the following scale.

Sanatorium Department.	}	1st class, £90.
		2nd class, £45.
		3rd class, for school children, £18.
		„ for adults, £21.
Asylum Department.	}	1st class, £90 to £100.
		2nd class, £50.
		3rd class, for children up to 15, £21.
		„ for adults, £24.

Applications are determined according to the condition and claims of the patient, as, for instance, by the question whether he should have one or two rooms and a separate nurse. The patient's friends settle the class of accommodation to be provided ; the physicians in what department he is to be placed. For the third class the terms are reduced when it appears desirable. Seventy-five per cent. of the patients are of the lower classes. No applicant is turned away for want of funds.

The results of this system may be tested by Herr Pastor von Bodelschwingh's report for

1890. The total cost of all patients was, in that year, for the 1st and 2nd class, rather more than £5,366; for the 3rd class, about £25,788; or in all about £31,155.

The contributions of the patients to meet this cost were, for the first and second class, about £1,125; for the third, about £11,226; or in all about £12,351. The difference, £18,804, had to be made up in other ways. At first sight, it would seem that the first class patients should meet the whole of the expenditure laid out on them. Perhaps they do. Separate figures respecting the first class are not given. But the second class should, one would think, leave but a comparatively small loss on their maintenance. This does not appear to be the case; since, on the account of these two classes, there is a loss of £4,241 in the year. Judging by English standards of payment, we should be inclined to assume that the scale of charges for these classes is rather low, and we should suggest some scale of charges by which there should be from the payments of the first class some excess for the benefit of the second and third class, while the second class by itself remained nearly self-supporting.

But however this might be in England, it is plain, that judging from the experience of Bielefeld, at least 38 per cent. of the cost may be met by these "payments on cases."

To meet the difference—about £18,804—grants were made by provincial bodies amounting to about £2,838. These grants are reckoned as 1-17th of the total expenditure of the colony, and are paid by the authorities of the provinces or districts from which the colony has agreed to take all epileptics who require maintenance there. At the colony at Potsdam, to pass to that by way of comparison, where there were in November, 1890, 106 patients, the district of Potsdam had 30, and that of Frankfurta 14 free places, while a third district had 7. They enjoyed this privilege because they had contributed comparatively large amounts towards the establishment of the colony. At Potsdam in the first year, the cost of 41 patients was about £22 5s. per head, while the payments made on their behalf amounted to £14 7s., or more than half. Payment on the case, supplemented by payments from public authorities, is thus in Potsdam also a chief source of revenue. In

England, probably, it would be best if the local authorities, such as Boards of Guardians and school authorities, paid on the case, while county authorities or the State made grants towards the expenses of establishment. It is worth noting that in 1890, the Minister of Public Worship granted £50 as a gift to the schools in the Bielefeld colony, and provided four curates.

A third source of revenue is the church collection and house to house collection: the former yielded £879; the latter, £7,666. A penny collection produced £1,057. Other voluntary contributions produced about £2,473.

Of the industrial operations at Bielefeld we have seen no profit and loss account, but judging from the statement of accounts for the year 1887, they are, taken as a whole, self-supporting, and useful for the purposes of the colony rather than lucrative. More than this could not be expected, and, indeed, would hardly be desirable. In the continual extension of the colony the work of the colonists is, however, most serviceable. The value of the work of patients of the third class in their various industries was, in 1890, reckoned at about £3,452.

“It is very pleasant to know that so large a part of our slowly acquired real property is earned by the exertions of the patients, partly through the improvement of the land, and partly by the work both of the patients and other helpers—for even the bricks we make ourselves—but we must remember that every new building does not bring in additional receipts, but on the contrary, necessitates additional expenditure.” So Herr von Bodelschwingh puts this part of the case.

The colony, then, is a charitable association, largely supported by payments on behalf of patients, and by house to house and other collections, and to a small extent by payments from public authorities.

CHAPTER VII.

TREATMENT AND MEDICAL RESULTS.

OF the needful open-air life and employment, and the provision of fitting work, we have already spoken. Dr. Bertelsmann, after alluding to these, passes to a consideration of the "food and diet" upon which the patients depend for their ability to work with activity. "We long ago ascertained," he says, "after years of observation, that special and good nourishment, regular diet, with a well-ordered and punctual mode of life, are of very great importance in aiding the medical treatment. Setting aside the fact that well-fed patients are fresher and more capable of work, more contented, quieter, and more sociable, this nourishment has an essential influence on the brain and its functions. It strengthens the mental faculties and the power of thought; and as there is a causative connection between

stomach and brain, it reduces in many cases the number of the fits. We have found that our treatment should be like that now adopted in lunatic asylums. We give the best possible nourishment with but little medicine. The number of cures is larger on this system, than when less attention was paid to nourishment, and the patients were overdosed with quieting mixtures."

Passing to medical treatment proper, Dr. Bertelsmann lays stress on the fact that, of the patients admitted in 1889, in 88 cases there had been epilepsy for from 1 to 5 years; in 72, from 5 to 10 years; in 50, from 10 to 15; in 14, from 15 to 20; in 8, from 20 to 25; and in 6 cases, from 25 to 30 years. In 4 cases the epilepsy was of 35, and in 2 cases of 40 years' standing. On such physical material he has to work. It is not surprising that he should conclude that, "with the means at our disposal, we can do more to relieve than to cure. . . . We have, therefore, in most cases, not taken into account the great value of bromide of potassium, and have only endeavoured to find the quantity which is necessary to keep body and mind well balanced. This would not be the case if bromides, which

are certainly not without effect, had been given in unlimited doses. We might thereby reduce the fits to a minimum, but, meanwhile, before long, body and mind would be injured thereby. . . . The amount of this medicine used in 1889 was less than that used in 1888, in spite of the fact that the number of patients was more by 66."

What, then, are the results? To illustrate these we quote figures respecting Bielefeld, Stetten, and Zürich.

At Bielefeld, during the twenty years from 1867 to 1887, of 2407 epileptics treated in the colony, 156 or 6 per cent. were discharged recovered, and over 450 improved. A five years' average at Bielefeld and Stetten gives the following figures²:—

		Bielefeld.	Stetten.
Recovered	-	10 per cent.	10 per cent.
Much better	-	—	17 „
Better	-	39 per cent.	32 „
Not recovered	-	28 „	21 „
Dead	-	23 „	20 „

The last report of the Zürich institution shows

¹ *Dr. Peterson on the Colonisation of Epileptics*, p. 2.

² See the third Zürich report.

that of 33 who left in 1890, 2 were recovered, 5 greatly bettered, 5 bettered, 8 no better, 3 worse, and 3 dead. At Potsdam, of 44 who left the colony, 3 recovered, 7 were better, 23 no better, and 4 died.

At Bielefeld in 1890, of 204 patients who left the colony or died, 16 were cured, 65 were better, and 64 no better; and 59 died.

May we say, then, that the colony answers its purpose, if some 10 per cent. are cured, and if some 30 to 40 per cent. of the patients—if they desire to return to the world—revisit it in stronger health? For the rest, it must be a settlement for life. Against this we may set a remark taken from the history of the Bielefeld colony, that the disease would not in 3 per cent. of the cases lead to a lapse into imbecility if it were treated in good time.¹

Another question of organisation is the best proportion of patients to nurses and staff. At Bielefeld the 1,229 treated in 1889 required the services of 17 superintendents of houses (Haus Vater), 6 superintendent sisters, 67 deacons, 41 deaconesses—in all 131 attendants, apart from

¹ *Kurze Geschichte*, p. 11.

maids and porters, whose services were at times required for the patients. The ratio of attendants to patients is, on an average, 1 to 8, it is stated.

Finally, we may ask, if we wished to establish a colony, what should our outfit be in land and houses? This question we may answer by a reference to the colony at Potsdam. It was instituted for the province of Brandenburg, where it was estimated that there were at least 3,000 epileptics, of whom a tenth would require accommodation. For this 300 the outfit at the start, with ample room for additional houses, was:—

About 59 acres of land.

2 dwelling-houses for 20 patients.

1 central building for about 60 patients, with bedroom dwelling for the manager, school, and store-room.

1 farm building and store-house; furniture; farm implements; live stock, etc.

This represents, then, our minimum of land and accommodation, if we are to meet an actual demand for 300. In London we might expect an actual demand of at least 800 to 1000, if we estimate the number of epileptics at 2 per thousand.

CHAPTER VIII.

HAARLEM AND LA TEPPE.

BEFORE passing to our conclusions and recommendations, we would mention two other homes—one in Holland and one in France. In Appendix D will be found a list of institutions for epileptics in European countries, and it is of interest to add that the Berlin municipal authorities will very shortly open a large institution for them there. There is thus a great mass of evidence and experience in favour of the changes that we advocate.

The “Christian Home,” near Haarlem, is rather a home than a colony, and our interest in it turns in part upon its difference from some of the institutions that we have described. There are four classes of patients, paying from £22 to £100 per annum. Children in the lowest class pay £13. There are (Dec., 1892)

70 women living in two houses close together, with a large garden; they are nursed by deaconesses, and are employed in housework, washing, etc. In three houses in the country are 77 men; they are nursed by deacons, and are occupied in gardening, bootmaking, mat-making, etc. Patients of all denominations are received. The receipts from patients for the year ending March, 1892, amounted to about £2,900, the expenditure to £3,490, the difference being made up by subscriptions and donations.

A lady kindly visited Sarepta-Bethesda, the women's home, on our behalf, and we write from her notes: "The home stands in a walled-in space of ground, about half-a-mile from Haarlem. The patients are paying patients. An exception to this rule is very rarely made. The first class, or lady patients, have a private sitting-room and dining-room to themselves. The former is a very comfortable apartment on the second floor, containing easy-chairs and a piano, and it looked altogether very cosy. The first class bedroom I saw," our correspondent writes, "was fitted up for two

occupants, and contained two daintily-curtained beds, with other furniture. The lady patients have better meals than the other patients. The second class patients have a comfortable, but less comfortably furnished, sitting-room. Their bedrooms contain fewer occupants, but are in other respects furnished like those of the third class. The bedroom which I was shown had a long table running down the middle of the room, in which were sunk iron basins, jugs, etc., and round the room were ten wooden beds, like children's cribs, with adjustable sides, and a chair at the foot of each. At the top of the house is a large airy attic, where the linen and dresses of each patient are kept. On the ground floor is a large, plainly furnished, common dining-room, with kitchen, outhouse, bath-house, and wash-house. There is also an isolation room, ready for use in case of an outbreak of infectious illness.

“The garden is prettily arranged with beds and little winding walks, and there are three or four poultry-runs. A large part of the garden is let to a gardener. The women, apparently,

do not work in the garden. They do the work of the house, and prepare the food for cooking, but they do not do the cooking itself. They wash also, and get up the clothes. No work is sent outside; the patients' labour, therefore, is not a source of income to the home. This remark applies to the men's department also; but the men cultivate their garden, and supply their home with vegetables.

“All epileptics are admitted, children and adults alike, nor does the admission depend on the relative acuteness of the disease. If a patient become so ill as to be unmanageable or dangerous, she is at once sent to a lunatic asylum or to her friends. The answer to my question,” writes our visitor, “whether the patients improved in health, was unsatisfactory. Some improved, it was replied, and others did not; and as they are all paying patients, their discharge or retention in the home is regulated by their payment, and not by the state of their health. They spend one fortnight in the year with their friends, if the doctor permits, and if their friends desire it. . . . I need hardly say that, being an institution, and a Dutch one, the

whole place was scrupulously fresh, clean, and dainty. Many of the patients looked bright and happy, especially those who were engaged in some active work, such as cleaning or washing. Others who were walking about, with apparently nothing to do, did not leave a very happy impression on my mind."

This account suggests two warnings. First, the pay system, unless closely checked by the medical superintendent, may lead to cases that ought to be removed remaining in the institution because they pay; next, useful as this home no doubt is, it has not, it would seem, caught the spirit of the colony life, with its variety of interests, and its open-air pleasures and work. John Bost would, we think, have resented the walling in of the space in which the home stands, and all that it implied; and so would others who care for the freer colony system.

The other institution that we would mention is the Asile de la Teppe, at Tain, in the Département de la Drôme in France. It has an interesting history, and is a good instance of the possibility of introducing reforms into old

institutions, and expanding old customs to meet new needs.

For two centuries epileptics had been attracted to La Teppe every May and September at the new moon, to receive from the Larnage family the free gift of a supposed remedy, made from *Galium album*, a common plant in the neighbourhood. In 1857, nine years after the first establishment by John Bost, it occurred to the Comte de Larnage, while continuing the free distribution of the remedy, to found an asylum for the maintenance and treatment of sane epileptics of both sexes. This is now the property of the Filles de la Charité de S. Vincent de Paul. It is described by Dr. Lacour as situated on the banks of the Rhone, with a large estate, and not having in any way the appearance of an hospital or asylum. There are 230 patients, divided into four classes. Children are sent and paid for by the "Assistance Publique" at Paris, and several Departments grant annual subsidies. They live a pleasant "family" life, with as few restrictions as possible, and the result is similar to that at Maghull, of which we give some account later

on. Medical treatment is no longer confined to the use of *Galium album* ; and except that it is under Catholic, instead of Protestant management, La Teppe seems to be very much like La Force.

CHAPTER IX.

GENERAL CONCLUSIONS.

MANY have travelled the ground over which we have taken the reader; and we may now come to our journey's end and conclusions. These we introduce with a reference to what is being done for the care of epileptics in America. There Dr. Peterson has very ably advocated their cause; and his proposals for the establishment of colonies have been adopted by some of the Boards of State Charities. In New York the State Charities' Aid Association received from him and Dr. Jacoby the outline of a plan of a colony, and the New York Legislature have appointed a Commission to select a site, and report. Of a plan drawn up by Dr. Peterson we print the greater part in the appendix. It represents one method of making a start, with strong State support at the outset.

We may now sum up the conclusions to be drawn from this evidence.

Epilepsy should be systematically treated early in life. The possibilities of cure are then greater, or, if cure be not possible, the probability of a prolonged existence of usefulness and contentment is increased. Any attempt to provide for its treatment should, therefore, if large numbers have to be considered, combine school teaching with medical treatment and supervision. For young persons and adults, regular but not too laborious employment is necessary, and this, in the open market, it is very difficult for them to obtain. For all alike, for the furtherance of self-control and for healthy enjoyment, a well-ordered home life is required. These things—school education, employment of the most suitable and varied kinds, and home life—the colony system provides. As house after house is built for the settlers, the classification becomes more complete for all purposes. Each house should be in its internal administration a separate unit, under the charge of a home superintendent or “house father.” There is thus always large scope for expansion according to the actual demand.

A large staff of nurses is necessary, and for them special provision must be made. Medically, if the serious nature of the disease be taken into account, the colony system, with careful medical treatment, produces the best results. For the worst cases, and to provide against the constant ailments of many of the colonists, hospital accommodation is necessary ; and for the study of the disease the fullest opportunity must be given to scientific research and treatment. The colony should be a charitable institution. Were it made an official institution, it would probably lose some of its best characteristics, its gentle life, home-like spirit, and its adaptability, and, if so, it would fail. It should, however, both for its establishment and for its maintenance, receive financial support from public authorities, on whose behalf it may receive patients. Grants for maintenance would probably be best given in the way of payment according to tariff for the patients admitted on behalf of such authorities. For or on behalf of all patients some payment should be made. The readiest means of arranging this is by fixing different scales of payments according to the social position of the patient.

The colony will thus have a fixed income. It will, on the other hand, have to furnish accommodation suitable for patients of all classes—the highest, who may wish to have the best fare and rooms, and the lowest. The growth of the colony system is remarkable. It meets a very widely felt need. This need is not met in England, for it cannot be said that to provide residence in a workhouse is sufficient; and that is all that is now done.

How then can the method be applied in England?

CHAPTER X.

THE MAGHULL HOME.

THERE are but two homes for epileptics in England at present, one established about the year 1889 by Dr. Alexander and others at Maghull, at the suggestion and with the help of Mr. Cox, a usually anonymous benefactor of Liverpool, and one founded in the present year by Lady Meath. This is a home for women and children in connection with the Girls' Friendly Society. It is a large house, at Godalming, capable of containing fifty beds. Members of the Girls' Friendly Society are admitted on payment of 10s. 6d. a week, non-members at 12s. 6d., and children at 8s. A subscription of £4 will reduce the necessary payment by 4s. a week; £30 will endow a bed, £22 a child's cot.

Maghull is an English adaptation of the

colony system, begun tentatively and carried forward with slow sureness and prudence. It is a few minutes' walk from the Sefton station, some seven miles from Liverpool, and lies among "the Sefton meadows," in the flat land north of the Mersey. The soil—on the new red sandstone—is a sandy loam. The district is agricultural. There are small masses of wood here and there, and church spires and towers peer up from the horizon, but though the coal measures are not far off there is hardly a factory chimney in sight. The home itself is an old manor house, with good stabling and outhouses. On three sides of it are lawns. Fields prettily wooded, an orchard, protected by wall and trees from the north-west winds, and a paddock and vegetable garden, make up the small estate of 28 acres, three of which are now attached to the home, but the whole of which may be purchased as the home progresses.

The house lends itself unusually well to classification, though, as the number of patients increases, new houses will have to be built for further divisions and subdivisions of patients. The first floor is pitched high, and thus gives

space for very good rooms on the ground floor. On the right and left of the entrance hall are the dining and sitting-rooms of the first and second class men and first class women patients. On the floor above are their bedrooms. On the third floor is a large, bright, well-aired dormitory for some 20 men or boys of the third class, with the night nurse's chamber built into the side so as to overlook it. From the dormitory to the ground floor is a separate stair, at the foot of which are a lavatory and a sitting and dining-room. All the arrangements for the third class men are thus separate. At the back of the house is another staircase leading from the ground floor, where is the sitting and dining-rooms of the third class women patients, to their bedrooms, so as to form another separate department.

The rules are of the simplest description. The institution is "for the care and treatment of persons suffering from epilepsy," but other patients may be admitted at the discretion of the Committee, except lunatics, or persons suffering or recovering from any disease of a contagious, infectious, or objectionable character, or epileptics

who are deemed to be dangerous to themselves or others. The matron has (under the Committee) full charge of all patients, nurses, and servants, and of all domestic arrangements. Medical officers are appointed annually by the Committee. They "direct the medical treatment and diet of patients, and generally advise the Committee on all medical and sanitary matters." There is also a Visiting Committee. The amount payable for patients of each class is fixed by the General Committee. Altogether the rules show that the constitution of the house is, as its founders intended, in the plastic experimental stage, in which there is much scope for natural developments. Within the house the matron regulates all, subject to the supervision of the Committee and the medical officers. There are no rules. One curious patient asked to see the rules; he was told that there were no written rules; he must be satisfied to do what the matron told him. The patients, in fact, keep one another in order. The *ultima ratio* of punishment is to send the patient to bed; and the punishment has always been found effective. For the first fortnight or so the matron observes

new patients carefully, and by firmness and gentleness makes the way easy for their taking their place in the house; and that they soon do. One spoilt and irascible epileptic boy, who had learned the lesson of yielding to law and order, was heard to tell a new-comer, "You'll find, like me, that a good lot of your impertinence is knocked out of you."

At the end of December, 1891, there were 39 patients in the home; of males, 1 first, 6 second, and 21 third class; of females, 5 second, and 6 third class. The staff in charge of the 39 consists of a matron, who is a very competent trained nurse of long and varied experience, a head nurse who has also been trained, and two probationers. There was also a cook, but now one of the patients acts in that capacity, and all the housework, washing, etc., is also done by the third class women patients. A large orderly household is thus managed at a minimum cost. The salaries and wages in 1891 amounted to only £169. There is a local medical officer who receives an honorarium of £25 a year, and visits the home twice a week, once to see each patient separately, once to

attend to any casual medical needs. Dr. Alexander, who is the acting assistant medical consulting officer, visits the home every week. Its nearness to Liverpool enables him to do this. The admissions are made practically by Dr. Alexander on a scrutiny of the replies to the list of questions which we have printed in the appendix, p. 149.¹ The cases are chiefly those in which there is "a reasonable prospect of cure or amelioration," "recent" cases "or young people, and those who can be kept at the home long enough to allow sufficient time to do good." The patients seldom stay less than twelve months, often much longer.

The matron keeps a diary of each case, and the effects of the treatment are shown in the diminution of the fits of the patients and in their improved health. "We are now," says the last medical report, "beginning to see the effects of the home treatment upon the disease. In fourteen of those who passed through the home during the year the fits had been arrested at the end of the year. In three the arrest of the attacks had extended to more than a month,

¹ See *The Treatment of Epilepsy*, p. 178.

in four to two months, in one to three months, in three to seven months, in one to eight months, in one to twelve months, and in one case to over two years." In the case of 22 patients, the fits in the first half of their stay during the year numbered 1,673, but in the second half 948, a decrease of 725—"an improvement the more marked, if we remember that the novelty of the change often inhibits attacks for a variable time after admission, and it is not till the patients become accustomed to the place that the disease resumes its normal sway. In some patients the number of attacks remained much the same during the latter half of their stay as during the first half of their stay; and in two of these, gross brain disease is suspected, that will render the arrest of the convulsions very unlikely."

By what means are these results obtained? Chiefly by a well-ordered home life, plain diet, careful supervision and employment. The diet of the patients consists of porridge and tea or coffee, alternately, for breakfast; for dinner, fish or fresh meat with milk puddings; and for tea, tea and bread and butter. Some have a lunch of bread and milk as well, if the doctor so pre-

scribes. From some notes of a visit paid to the home, the reader may learn what is the home-life and what employment and recreation are provided. "We visited the home on a summer afternoon. The patients were sitting in the garden, or working in it. One or two were on the lawn. In the paddock a man and two boys were cutting the hay. In the garden orchard some girls were picking fruit. We passed then to where a young man was digging out a celery bed most strenuously. He was thick-witted, but evidently a good fellow. He was proud of his drill, which he did before us with great precision. 'It brought out his muscles,' he said. A weaker and more feeble-minded man was weeding without much energy. He kept the flower-beds tidy. He came of a gardening family, with pride he told us; and some famous hollyhocks were named after his father and other relations. The employment of most of the patients was rather occupation than hard work. At a glance it was clear that owing to their want of strength it could not be more. A gardener was in charge of the garden. In the outhouses some industrial work was supplied,

but none at the moment were engaged on it. There under the charge of a joiner one or two patients made out of old orange boxes 'tips' or small wooden slabs, used in factories to place the pieces of iron upon while they are hot. An old sergeant also drilled the patients. The house-work, sewing, and reading occupied the women. And reading aloud was a great resource for the men. They constantly read to one another. Every Wednesday afternoon when it was fine, the matron went out for a walk with the women, and the men formed another expedition. It was a weekly '*Fest*' day, and in the evening was a home concert. This they liked much, and on other days, too, singing was a great amusement. One or two of the patients sang solos; and any new song that seemed likely to suit was bought for the home. On Sundays there was a service, at which some laymen usually gave an address. There were frequent entertainments provided by Liverpool friends. People in the neighbourhood also called, and in all things the home was made as home-like as possible by the matron—the acting lady of the house."

This is the method which in its results the

medical report thus describes: "The improvement—physical, mental, and moral—witnessed in previous years, has been maintained and accentuated during the past year. It is more especially noticeable how the moral tone and temper of those patients who have been longest at the home have improved. Their wayward, ungovernable minds and discontented attitudes have largely given place to feelings of contentment, thoughtfulness for others, and interest in life. This beneficial change, a most important aid to recovery, is largely due to the personal influence and teaching of the matron, to the feelings of equality and companionship in suffering produced by living with others similarly afflicted, and to the many kind friends who visit the home and who mix freely with the patients, and minister to their religious, social, and intellectual aspirations. The great improvement of the condition of the majority of the patients is not brought about by *bromides*. Only small doses are ever used, and many of the patients do not take any. Our endeavour is to bring about a general amelioration of the patient's condition—physical, mental, and moral

—and drugs are used to correct indications of impaired health, or of constitutional errors acquired or inherited.”

Lastly of finance. The home, as has been shown, answers to the “Bethel,” the first house of the Bielefeld colony. It is the centre of development. Mr. Cox, at the outset, guaranteed £2,000, and on his death left the home £1,500. About £500 was contributed for furniture. The house and the three acres were obtained on a low rental, with option of purchasing both the house and the remainder of the estate. A house for women is now to be built, and some eight acres taken over chiefly to provide market gardening for an increased number of male patients. The institution is almost entirely self-supporting. A first class patient pays £100 a year; ten others pay £50 a year each; and 27 are admitted on payment of 7s. 6d. a week, or £19 10s. a year. The voluntary contributions are £119. The investments yield £65. The new year began with a credit balance of £110. These details show that the home has been very carefully and securely financed, and what is most important, upon lines which allow

of its gradual extension with the least amount of appealing and canvass. The sound principle is adopted of placing upon those who send patients the obligation of maintaining them through friends and relations or charitable persons.

Dr. Alexander believes that such homes might be made entirely self-supporting, if the following points were attended to :—

(1) Provision of suitable accommodation for several classes of patients, the profits from the higher class patients paying costs of attendance, rent, etc., and the fees of the lower classes being such as to provide maintenance at least, or a slight profit on food.

(2) The well-directed labour of the inmates in view of a market for it, and its suitability for the patients.

(3) No one to be admitted unless paid for in some way sufficiently to keep him, either by relations, friends or parish, or by his work done being sufficiently remunerative to support him.

We have thus in Maghull an experimental colony for epileptics in its earliest stages, conducted in the true and remedial spirit of both charity and science.

CHAPTER XI.

THE PROPOSED ENGLISH COLONIES FOR EPILEPTICS.

IN connection more particularly with the metropolis, it is proposed, by the recently formed National Society for the Employment of Epileptics, to establish a colony on English lines. They are desirous of purchasing, or renting with the option of purchase, an estate of rather more than 100 acres, if possible within one hour's railway journey from London, with a good house and cottages, and adding house to house to create a colony. The great part of the prospectus of the society we publish in the appendix. The epileptics are to be lodged in cottages receiving from 10 to 20 inmates. The plans of classification found to work well in the German colonies will be adopted. The industries to be first attempted are market-gardening, cow-keeping and dairy work, and poultry farming.

Other industries, carpentering, etc., will subsequently be added. The admissions are to be made on medical examination subject to payment according to a scale hereafter to be settled. Donors will, according to the amount of their contributions, obtain privileges of nomination. We hope that all who are interested in the better care and treatment of epileptics will give their most generous support to this new venture. It is a nucleus from which may grow such other similar "colonies" as the needs of epileptics throughout the country may hereafter prove to be required.

But, as we hope that one result of our report will be the introduction of a general system for the treatment of epileptics, we submit some further suggestions for that purpose.

The asylums for imbeciles at Colchester, at Knowle, near Birmingham, at Starcross, Exeter, and at Lancaster, have been established on a kind of territorial basis. The Colchester asylum, by preference, takes cases from the eastern counties—Essex, Suffolk, Norfolk, and Cambridgeshire; that at Knowle, cases from Leicestershire, Shropshire, Staffordshire, Warwickshire,

or Worcestershire ; Starcross deals with Dorset, Somerset, Devon, and Cornwall ; and Lancaster takes the northern counties—Lancashire, Yorkshire, Cheshire, Westmoreland, Cumberland, Durham, and Northumberland. For the metropolis there are the asylums of the Metropolitan Asylums Board created for the reception of cases sent by London Boards of Guardians under a provision that applies to London only. As we have shown, the accommodation in asylums for imbeciles is not at all sufficient for the purpose, but the growth of the asylums, to which we have referred, suggests how, under rather different conditions, colonies for epileptics might be provided throughout England.

Most of the asylums are managed partly on the voting system. This is antiquated, costly, and unnecessary. It might be dispensed with. All the asylums receive cases on payment, charging a larger sum for cases received from outside their area than for those within it. Thus, at Starcross, pauper cases from the four western counties are charged 9s. a week ; those from non-western counties, pay 12s. Most asylums take paying patients on special payments. At Lan-

caster these patients pay from £26 5s. to £210 per annum ; and for private patients there is a branch establishment.

We would divide England for the creation of colonies into three groups of counties, with a population from about 7 to 9 millions each. The epileptics all told, imbecile or sane, may be taken at 2 per thousand. But the sane epileptics, with whom alone we would propose to deal in the first instance, would number probably less than half that number, and, remembering Herr von Bodelschwingh's remark that only 15 to 20 per cent. of the cases would apply for admission, we may estimate the demand in each of the areas we have described as from 1,400 to 1,800 persons.

For these numbers it should not be difficult to make the necessary provision of schools and homes, in the form of colonies, especially on the following conditions, to some of which we have referred more at length in the report on the feeble-minded :—

(1) That the County Councils be empowered to make grants towards the establishment of colonies for epileptics.

(2) That the Guardians of the Poor be empowered to pay for epileptics, adults or children, in such colonies.

(3) That school authorities be authorised to send children, if unsuitable for public elementary schools, to schools in such colonies.

(4) That the colonies be supported principally on the system of payment for cases, and that pending their creation for the whole of England, cases be received at rather higher charges from parts of the country in which no colonies have yet been established.

The colonies, it is understood, should be for the use of epileptics who are neither imbecile nor criminal. Undoubtedly, as at Bielefeld, there will be a desire to provide for those who have long been in the colony, and who at the latter end of their life become weaker and more imbecile. And it may be that as a mere matter of convenience and good-will, special homes for these patients should be built in the colony itself. On the other hand, it would, as a matter of organisation, be better to provide separately for the imbeciles and epileptic imbeciles, and in accordance with the recommendations of the Special

Committee of the Charity Organisation Society on the Care of Idiots, Imbeciles, and Harmless Lunatics, to empower the County Councils to build asylums, suitable for paying and pauper patients, as they can now do in the case of lunatics.

The colonies should be under the inspection of the Local Government Board, and, so far as their schools are concerned, under that of the Education Department.

CHAPTER XII.

RECOMMENDATIONS.

Our general policy for making a better provision for the epileptic (and some other classes of afflicted persons) may be sketched thus :—

We would promote a completer co-operation between the Poor Law and other public authorities and charity. We would try to give to charity a new scope and direction, so that, in these cases, it should act as the helper and agent of public bodies. We urge this view, because in our opinion the care of the epileptic is essentially a charitable duty, which can be fulfilled with better social and medical results by assisted voluntary association, than by official institutions.

We would provide for the epileptic child and adult the special education, employment, and medical supervision which their disease requires in the most home-like manner, and under condi-

tions similar to those of ordinary society, so far as these can obtain in a special settlement or colony.

We would adopt methods by which such settlements may be financed with comparative ease, and yet may be sufficiently large to meet the real charitable demand.

We would insist on all proper safeguards—inspection, medical supervision, and, what should be required of every public authority in the country, the publication of a detailed annual report drafted on certain set lines, which would disclose to the reader the history of the year, and give all necessary financial and other particulars respecting their work.

Adopting this policy, we would recommend—

1. That the principle recognised by the School Board for London, and approved by the Royal Commission on the Blind, Deaf, and Dumb, and other afflicted classes, be adhered to;—that the education of these classes should be considered obligatory upon school authorities under the Act of 1870, and also upon the parents under the Act of 1876.

2. That epileptic children should, so far as it

may appear advisable in individual instances, continue to receive their education in ordinary public elementary schools.

3. That so far as boarding or home schools for children are required, these should be provided in colonies for epileptics.

4. That these schools should be specially assisted by Government grants of not less than half of the difference between the cost of the education of normal children and that of epileptic children.

5. That these schools should otherwise be established, and in part maintained, by voluntary contributions.

6. That if there be no readjustment of the present powers of the Poor Law guardians in regard to the maintenance of epileptic (and other afflicted) children, and of the school authorities in regard to their education, powers should be given to boards of guardians to send such children to any certified school and home fitted for their reception, as can now be done under 25 and 26 Vict., cap. 43, sec. 1 to 10, in the case of blind, deaf, dumb, lame, deformed, or idiotic children.

7. That if there be a readjustment of the present powers of the Poor Law guardians in regard to the maintenance of epileptic (and other afflicted) children, and of the school authorities in regard to their education,—(1) when the parent or child is not destitute, but cannot pay the whole of the cost of the special education required for his child, the child be maintained at certified school homes out of the rates on the decision and payment of a local authority (in the nature of a school attendance committee in country unions) representing both the local administrators of poor relief (or Poor Law guardians), and the local school authority; (2) or, if the parent or child be destitute, the child be maintained at such homes by grant made out of the rates by the local administrators of relief or Poor Law guardians; with the proviso (3) that the age, up to which for purposes of education and maintenance it shall be permissible to such authorities to make payments, be settled according to the educational needs of the afflicted child.

8. That, in order that these cases may be satisfactorily dealt with, the school managers

should, in co-operation with the head teachers, make arrangements for the medical and charitable care of children, so far as may be necessary, in conjunction with hospitals and general charities.¹

9. That the council of the Charity Organisation Society give their utmost support to the establishment of a colony for sane and non-criminal epileptics on the lines sketched in this report.

10. That the colony should be a charitable society, and should make provision for all classes.

11. That 30 and 31 Vict., cap. 106, sec. 21 (1867), be extended, so as to enable the local administrators of poor relief, or Poor Law guardians, to provide, "in any . . . institution established for the reception of persons suffering under such infirmities," for the reception, maintenance, and instruction of any epileptic pauper who has passed the legal age of education [*see above*, 7 (3)].

¹ On the recommendations respecting afflicted children a fuller discussion will be found in the Report of the Special Committee, which refers to the feeble-minded.

12. That the County Councils be empowered to make grants towards the establishment of colonies for epileptics, and if, as has been proposed, the indoor relief of the county be, at some future time, placed in their hands, to pay for the maintenance of epileptics in such colonies.

13. That for the better provision of imbecile epileptics the County Councils outside the metropolitan area be authorised to create asylums suitable for this class, in accordance with the recommendation of the Special Committee of the Charity Organisation Society on the care of Idiots, Imbeciles, and Harmless Lunatics (1877).

CHAPTER XIII.

THE CRIPPLED OR DEFORMED CHILD.

MUCH that we have written in regard to the feeble-minded and epileptic applies also to the crippled and deformed. We do not, therefore, deal with this branch of the subject in detail. We begin as before by some account of the position of the children.

The description that we have quoted of the spoiling and ill-education of many epileptic children might apply to many of the crippled : "Crippled children, as a rule, are either much spoilt or greatly neglected in their own homes." So writes Mr. Knipe, the Hon. Secretary of the National Industrial Home for Crippled Boys. "Mothers, as we know, generally have a special affection for a child who is under some physical affliction; and cripples are, in most cases, the pets of the family. They get the best of everything that is going. Everything is done for them. They are brought up with the idea

that they can do nothing for themselves. They are subjected to little or no discipline. Their whims are indulged. Their education is neglected, and, if trained at all, it is only in idleness. I remember," he adds, "one boy who came to us, whose mother had done everything for him at home—so much so that he had almost lost the use of his wrists. After a few months he was able to use them freely." Cripples, too, are extremely sensitive to remarks on their deformities, and dislike going to school, partly "from the fear of being ridiculed."¹

Other cripples are neglected, or only cared for as a source of income to the parents, as beggars, crossing-sweepers, or in some other lucrative capacity. "I remember," Mr. Knipe writes, "some time ago a boy came to us, whose mother kept a sweet-shop. It appeared that whilst he lived at home he was generally placed in a prominent position in the shop, rather for exhibition than utility, for he was only required to look miserable. This boy came to our home,

¹ "Some Difficulties in Dealing with Cases of Cripples," a paper read by Mr. Knipe, Hon. Secretary of the National Industrial Home for Crippled Boys, at a meeting of the Council of the Charity Organisation Society. See *Charity Organisation Review*. July, 1888.

and very soon after his mother came to us in a great state, saying that her receipts were rapidly falling off, that her customers had been attracted to the shop through sympathy with the boy, and that now he was gone, many of them had ceased to deal with her." In all cases of this kind—and they are many—the dole or casual gift works its natural result. It prevents effectual charity.

With this portraiture then of the crippled child before us, we would turn to the data obtained by our school inquiry. They will throw light on the number and character of crippled children and—the first point of importance—their early education.

In the school inquiry Dr. Warner found 239, out of 50,027 children (155 boys and 84 girls) to be crippled, maimed, or deformed (not including eye-cases). The following table shows the distribution of these children in the various groups of schools, and how far they suffer from other coincident defects.¹

¹ See the Report on the Feeble-Minded, chapter v., p. 31, for further particulars respecting the defects here referred to. See also the Tables in the Interim Report mentioned in the footnote on p. xiv. A detailed analysis of all the cases of children, crippled, maimed, or deformed, will be found in the Interim Report—Tables XIV. and XV.

The cases are summarised thus :—

	Boys.	Girls.	Total.
Cripples from congenital disease	7	9	16
„ „ disease or injury	88	53	141
„ „ paralysis	60	22	82
	<hr/>	<hr/>	<hr/>
Total ..	155	84	239

And Dr. Warner writes of them¹ that they varied greatly in brain power. Some were mentally bright, others dull. They varied also in conditions of health. The conditions of the disease which caused the crippling were in various stages, and many of these children were capable of work and play. Five boys and five girls were mentally defective.

Passing next to the question of the number of these children, we find that there were 110 of them among the 36,378 children seen in the Public Elementary Schools. On Lady Day, 1891, there were 625,696 children between the ages of 3 and 13 on the rolls of efficient Public Elementary Schools. If among these children there were as many crippled as there were among the 36,378, we would estimate the total

¹ See the Milroy Lectures, 1892.

number of crippled children at about 1890, or 3 in the thousand. But besides these there are the children, who, being crippled, are entered in the School Board Returns as "permanently disabled." They would seldom or never be found in school. Thus out of 914 "permanently disabled" cripples of 3 to 13 years of age, 806 were absentees.

We have then a large number of crippled children of whom many get no schooling. The difficulty of giving a school education in the more serious cases of disablement is frequently very great, often insuperable. In many instances space has to be provided for a wheel-chair or perambulator. The child must be taken to and fro, occasionally lifted perhaps. The teaching must be given on a ground floor, for stairs cannot be mounted. The selection of classrooms is thus limited. The child cannot follow his classmates, as removals are made to new classes in new classrooms, unless the rooms be on the ground floor. And with all these disadvantages, which makes an education at an ordinary school well-nigh impossible, there are the many lessons which a child, lying

down, and required, perhaps, to remain motionless on his back, can only follow under the teacher's special supervision. Two instances we give, which show how, even when teachers are more considerate and do their best, these many hindrances seem, under present conditions, to be insuperable.

"A. B., now 8 years old, first came to school at the age of 5. After attending for some time, disease of the hip joint developed itself, and he was compelled to leave. In the latter part of September the mother brought him to the infant school for re-admission, lying on a large kind of perambulator bed. The head mistress welcomed back her old pupil, but told the mother that she must seek advice from the managers before re-entering his name upon the school register. However, after the second or third attendance the boy seemed weary of learning lessons lying helplessly in bed, and the mother, acting under medical advice, wrote to the head mistress, stating that for the present the child should remain at home."

"C. D. is now nearly 9. He has been suffer-

ing from birth with spinal complaint, and always obliged to wear irons. He has been for years a regular attendant at the infant school, the mother formerly wheeling him to and fro in a bassinette perambulator, but latterly he has been able to walk both ways. He still wears iron supports, and is compelled to lie in the perambulator during a greater portion of the school time. Considering his feeble body, he is very intelligent, can read fairly well, is regular in attendance, and exceedingly anxious to get on. The school examination is in February, and after that time he should be transferred to the boys' school."

"The boys' school is situate at the top of the building, and, in my opinion," writes a correspondent, from whose letter we have quoted the above cases, "it will be very cruel and very unsafe to allow him to enter the boys' school even if the parents should give their consent. The lad must be educated at the expense of the Board, should the parents desire it, and the school must be adapted to the requirements of the child. There are not a sufficient number of cripples in any given district

to justify the necessity of building a special class-room for their accommodation.¹ The only feasible plan, therefore, that suggests itself to my mind is that such children should always remain in the school on the ground floor, and that special interest be taken in their education by the teachers. I should mention that in C. D's. case the teachers do show that sympathy to this helpless child, and are ready to do any act of kindness to assist him in his earnest endeavour to acquire knowledge."

Clearly, then, in the extremest cases of crippling and deformity, school attendance is a serious, if not insuperable difficulty.

Can this be amended?

But before passing to remedies we would give some figures from other sources, and the results of our inquiry as to crippled children in Poor Law infirmaries.

To show the kind of diseases that are dealt

¹ We have, writes General Moberly, the Vice-Chairman of the London School Board, very few cripples as yet in our "special classes"—none that cannot walk. Parents demur to the loss of time and money in accompanying their children, and the cost of carrying those who cannot walk; and magistrates will not compel attendance. February, 1893.

with under the term "crippled and deformed," the Invalid Children's Aid Association has furnished a list of 1,469 cases dealt with during the two years and nine months ending December, 1892. The children suffered from :—

	Cases.
Hip disease - - -	308
Disease of the spine - - -	267
Diseased bone, abscesses, etc. -	122
Rickets - - - -	88
Deformities - - - -	106
Paralysis - - - -	155
	<hr/> 1,046
Diseases of the chest - - -	115
Blindness or mutism - - -	23
Imbecility - - - -	48
Various maladies - - -	237
	<hr/> 423
	<hr/> 1,469

It will be seen that, allowing for complete recovery in a few cases, two-thirds of these children suffered from maladies likely to result in a measure of disablement.

Again, the 9 children admitted in the year 1891 to the Cripples' Nursery suffered from the following deformities :—

	Years of age.	
1. E. H.	6	Double hip disease.
2. B. L.	2 $\frac{1}{2}$	Disease of spine.
3. W. S.	3 $\frac{1}{4}$	Do.
4. M. T.	3	Contracted knee and foot, following infantile paralysis.
5. A. M. P.	9	Disease of spine.
6. H. H.	5	Do.
7. J. H.	5	Loss of both legs in a railway accident.
8. R. P.	9	Infantile paralysis and lateral curvature of spine.
9. L. M. C.	$\frac{1}{2}$	Loss of one leg.

Lastly, as to the crippled children in Poor Law infirmaries. At Fulham there were 9, at Kensington 3, at Lewisham 1, at St. George-in-the-East 1, at St. George's (Hanover Square), 9, at St. Marylebone 9.¹ In infirmaries in provincial towns the numbers are equally small: at Bristol 6, at Barton Regis (Bristol) 3, at King's Norton 1, at West Bromwich 7. In the Salford Infirmary 6, in the Sheffield 2. Sometimes there are a few in the workhouse: thus at Salford there are 7. It would seem, then, that there is not a large number of these cases in Poor Law institutions.

¹ From returns made in 1891.

CHAPTER XIV.

PRESENT PROVISION FOR CRIPPLED CHILDREN.

THE deformed or crippled child has the same right to free elementary education as the whole and unmaimed. In addition to this the Poor Law guardians have permissive powers to pay for his education and maintenance at school. They may send him to any certified school—that is, to any institution for his instruction, as “deformed,” if he be an orphan, or deserted by his parents or surviving parent; or, if he be not an orphan, or deserted, with the consent of his parents or surviving parent. And the Local Government Board sanctions an expenditure of £15 12s., or 6s. a week, as “the reasonable expenses for the maintenance, clothing, and education” of each child sent to such an institution.¹

¹ 25 and 26 Vict., cap. 43, sec. 1 to 10, and 45 and 46 Vict., cap. 58, sec. 13. At the Moore Street Home, the charge to Boards of Guardians is £20 per annum. At the Wright’s Lane Home (parish) cases are only admis-

The guardians have thus the means of dealing with these cases, if they think it expedient, and if there be accommodation available for them in charitable institutions. Of these means some boards make constant use, while others do not turn them to account, on the ground, probably, that the aid of crippled children is rather a duty for the charitable than for Poor Law guardians, whose chief function it is to deal with destitute persons in accordance with the orders of the Local Government Board. On this point our recommendation in the case of the crippled and deformed is the same as that which we have prepared in regard to the feeble-minded and epileptic. (See p. 100.)

But what is the charitable accommodation now available? There is in London a small group of charities which are linked together by a kind of natural organisation—as all other groups of kindred charities should be. The Invalid Children's Aid Association¹—the last comer into the field—helps “seriously invalided sible under very special conditions and at advanced rates. There the ordinary payment is £10 a year, and £6 16s. 4d. for outfit.

¹ 18 Buckingham Street, Strand, W.C.

and crippled children," "chiefly by visitors, each of whom takes charge of one or more children." It is primarily a society for the care of invalids and cripples in the home and outside the institution, but it is frequently impossible to do any real and permanent good to the children in their homes, and the sending of them to convalescent hospitals for long terms has come to be a prominent part of the work of the association. It has been found, we are informed, equally difficult to secure education and training for crippled children at home, and the association is making considerable use of the few institutions available for this purpose. Next come the several institutions. First, there is a Cripples' Nursery,¹ with a branch at Margate. It has 46 children under its care. It receives them between the ages of 3 and 8, and keeps them, if necessary, till they are 12. Then, perhaps, we should mention a Home for Crippled Children at Clifton,² to which children are admitted at 2 years of age. Boys are not received after 7, and are dis-

¹ 15 Park Place, Clarence Gate, Regent's Park, N.W.

² 17 White Ladies' Road, Clifton, Bristol.

missed at 10 years of age. Girls are received up to 10, and kept till 12 or 14. There are generally from 25 to 30 children at this home. Then come three industrial schools—one for girls and two for boys. The Cripples' Home and Industrial School for Girls¹ has 113 inmates. It receives girls after the age of 12. The Moore Street Home for Crippled and Orphan Boys² takes boys between the ages of 8 and 13. They must be able to get about on crutches, and to dress themselves without assistance. One of the principal objects of this home is "to teach a trade, by means of which the inmates can be enabled to earn a livelihood," and boys are not admitted whose infirmity renders it improbable that they can be made self-supporting. There are here about 30 inmates. Lastly, there is the National Industrial Home for Crippled Boys, Wright's Lane.³ Their object is to "receive for three years—board, and clothe, and educate on

¹ Northumberland House, 17a Marylebone Road, N.W. *Seaside Branch*, 2 Auckland Buildings, West Marina, St. Leonards.

² 17 Queen Street, Edgware Road.

³ Woolsthorpe House, Wright's Lane, Kensington, W.

Christian principles—destitute, neglected, or ill-used crippled boys, not under 13 years of age nor over 18, and teach them a trade." At this home are 86 boys.

In the last chapter we divided cripples roughly into two classes, cripples spoiled and cripples neglected. Of course there are many who are reasonably well-cared for, though the spoiling and the neglect add greatly to the difficulty of those who have to train them in industrial and other homes. Another cross division of cripples is their capacity or incapacity for industrial training. There are hopeless cases, and cases in which good food, discipline, and industrial training are all that is required.¹

¹ Mr. Knipe writes:—"What would be sufficient for a healthy, able-bodied boy would be wholly insufficient for a cripple. An ill-fed cripple will always be sick and ailing; but feed him well, not only will he be able to work well, but in many cases his physical state will be greatly improved. I have known boys come to the Cripples' Home at Kensington, not able to get along without sticks and crutches, but who have, at the end of their time, and without undergoing any surgical operation, quitted the home and left their sticks and crutches behind them. In a large percentage of cases, more than half their infirmities have arisen from insufficient food. . . . Physical exercise and recreation is most necessary for cripples. Nearly all the boys at the Kensington home play cricket in summer and football in winter."

For the hopeless cases and for the earlier assistance of those who may afterwards be able to master their failings and support themselves, the Invalid Children's Aid Association is clearly the most suitable society. On the 31st December, 1892, there were about 2,200 children on their books. "Allowing for the many who die, for the slight and temporary cases, and for those who move away, we have reason to suppose," they write, "that of the total number of children at any moment upon our books, at least half should be under our continuous care, either in their own homes or in convalescent hospitals and other institutions." Not including children in free homes and free cots, they are paying for 143 patients in various institutions. They are thus, apart from visiting at home, an agency for distributing patients to institutions—indeed, this appears to be the most rapidly increasing branch of their work. In 1892, the charges for "maintaining 292 children in homes, and travelling," amounted to £1,300, and on the other side of the account there are "contributions to cases" from 30 District Committees of the Charity Organisation Society, £174; from 122 parents,

£179; and from other persons, £542.¹ On the other hand, the work of the association as a receiving agency is shown in the following table for the year 1892.

Applications received from—

Medical men, hospitals and nursing associations	-	129
School Board officials	- - - - -	24
District Committees of the Charity Organisation Society		135
Private persons	- - - - -	90
Clergymen and workers connected with religious agencies	- - - - -	51
Our own "visitors"	- - - - -	106
The children's parents	- - - - -	25
		<hr/>
New cases referred to the association in 1892	-	561

¹ The following are the convalescent hospitals to which children are sent who require skilled nursing and medical supervision:—

Children's Cottage Hospital, Coldash, Newbury.

Miss Lobb's Convalescent Home, Uplands, Loughton.

Children's Nursing Home, Park Road, High Barnet.

Children's Home, Raglan Road, Reigate.

St. Monica's Home-Hospital, Brondesbury Park, N.W.

The Santa Claus Home, 34 South Grove, Highgate, N.

Winifred House, Wray Creseent, Tollington Park, N.

Convalescent Home for Boys, Woodman's Cottage, Banstead,

The Victoria Home for Invalid Children, 2 Churchfields, Margate.

Ascot Priory, Bracknell, Berks.

As a home-visiting society, the association has divided the larger part of the poorer districts of London into 27 divisions, with a representative lady visitor in charge of each. It has 200 visitors. The nurse thus describes her duties :—

“ I find the patient, for example, propped up on two chairs, or on the floor, with nothing on but a dirty rag of a nightgown, the father's coat or mother's petticoat doing duty for other

St. Andrew's Convalescent Home, Folkestone.

Nursing Home for Children, Purton, Swindon, Wilts (chiefly

for the use of the Invalid Children's Aid Association).

Holy Cross Home, Fulham, S.W.

The following are special hospitals,—

Alexandra Hospital for Children with Hip Disease, 18
Queen Square, Bloomsbury, W.C.

The Vinc Hill Hospital, Sevenoaks.

And besides the homes for cripples mentioned in the text, there are,—

St. Nicholas Home for Crippled Children, Trinity Road,
Upper Tooting, S.W.

The Home, Clifton Hampden, Abingdon, Oxon.

Mrs. Unwin's Home, Hayne, Tiverton, N. Devon.

The Kitsbury Cottage Home for Girls, Berkhamstead, Herts.

In these homes delicate or crippled children are received to be educated or trained to earn their living.

For incurable children there are the Hospitals for Sick and Incurable Children, Cheyne Walk, Chelsea, S.W.; and the Home for Incurable Children, 2 Maida Vale, W.

covering. The surgeon's instructions have been that she is to be kept lying down, and in one position; but they have been disregarded as useless and impossible. As regards diet, she has shared, so far as she can, the food of the family; fare hard and unwholesome, tempered possibly, but not improved, by occasional sweets. For the sweet-stuff shop is a great institution in the class to which she belongs.

“I make friends with the mother as a preliminary to being allowed to give the child a good wash, and then a flannel nightgown and red bed-jacket are recognised by all concerned as a great change for the better. Possibly a cot and blankets are lent, and a wicker guard or bed-cradle is placed in position to keep the weight of the clothes off the limb. One poor little boy I found, who used to lie with his knee up to keep the clothes from pressing on his thigh. I give the mother hints as to food, and furnish her with a feeding-cup and other appliances required by the child's position. I show her how she can change the sheets and arrange the clothes with the least possible disturbance to the patient, and I impress upon her

the importance of sanitary matters, and of precautions against bed-sores and other evils. She learns from me how to dress the wounds herself, and I leave with her the dressings she will want until I come again. It not unfrequently happens that an appliance has to be adjusted, a 'splint,' for example, or 'extension,' and I must try to explain what these are. It will help to make clear the difficulties which harass the poor patients, in such homes as those I have in view, when burdened with the misfortune of a crippled child."

It is a principle of organisation that a charity or groups of charities should be supported and held publicly responsible for separate departments of work. On this principle we should conclude that the Invalid Children's Aid Association should be a centre of reference and assistance in conjunction with local societies and authorities in all the hopeless cases of cripples, and in the early assistance of the more hopeful. For the latter object it seems clear that, when hospital and home accommodation is wanted, "pure air, good food, and careful nursing for months" is usually necessary, and it is likely

that, as public attention is turned to these cases, there will be a much-increased provision for them.¹

On this point we may quote General Lynedoch Gardiner. He writes :—

“The point I wish to draw attention to is the *number of cripples who are too heavily weighted mentally or bodily, or both even, to qualify for a trade*—either for the two trades we teach in Moore Street, or the four trades taught at the Cripples’ Home in Wright’s Lane. We never reject a case that is not quite hopeless, and frequently take in boys that have not eyesight sufficient for jewellery or stone-setting, or not too crippled for boot-making, in the hope of passing them on to the National Industrial Home in Wright’s Lane at 14 (we passed on 4 boys last year, 1892); but I am

¹ The association write :—“It is the function of an organisation such as ours, not only to do our own best for any children who may be referred to us, but to furnish a link between the many other agencies that have to do with them. Thus the clergyman, or school teacher, or district visitor, may through us get the special medical advice the child requires, or admission into the suitable hospital; whilst, on the other hand, the hospital, or distant convalescent institution, may get through us, for the child returning to its home, not merely the ministrations of our own visitor, but the care of the district nursing association, minister, C. O. S. Committee, or other local agency. It is also an important and increasing part of our work to answer applications for advice from persons anxious to help sick children, but uncertain as to how best to proceed,”

under the mark when I say that 25 per cent. of applications we receive are rejected, many without trial. No fewer than 5 cases were admitted *on trial* last year (1892), and found quite incligible. Neither of these homes admit boys that cannot be trained to earn a living. I do not think the committee at Wright's Lane (on which I serve) reject as many as we do in Moore Street, but that is owing solely to the more advanced age at which admission is open to a erippled boy, but even there the number rejected either without or after trial is considerable. What is to become of the rejcteted boys?"

And Mr. Allen Graham writes:—"You ask me as to hopeless eripples, who cannot be taught any oceupation. I cannot form any estimate of their number, but I can say that I think the number about whose treatment there might be much doubt is small. Some of them are imbeeile, and require an asylum; some have no control over their functions, and require, especially when they become too old to be easily lifted, treatment in infirmary or other institution where there are nurses, and also where wards are airy, so that the number of hopeless eripples, fully intelligent, and not needing special nursing attention, would not, I think, be very large. In their case I incline to weekly allowances, so as to enable parents or other relations to do fairly by them at home. It is probable that such children would be happier even if boarded out with strangers, *under adequate supervision*, than in an institution; but I should not like to speak confidently as to this."

We now turn to the hopeful cases, in which industrial training is possible. Of the girls who leave the Cripples' Home and Industrial

School for Girls, many appear to do well. Of 14 who left in 1891, 3 went into service, 3 returned home, 2 were apprenticed, 3 left on account of health, 2 were "ineligible," and 1 died. "We have," the Committee write, "many encouraging reports of the old girls. One who left the home in 1890 has a flourishing school of her own; two others are trained nurses (one in Egypt); another, who left in 1876 to go to New Zealand, has been married eleven years, and is doing well." With the boys a great difficulty is the insufficient early education. The Moore Street Committee write: "In the case of cripples there are few indeed who can begin to qualify before twelve years of age—mostly later. In general, boys admitted at that age must necessarily pass through the lower standards of elementary education before giving up their time to a handicraft. Most of the new-comers are very backward. It sometimes happens that boys of nine or ten years old can neither read nor write, not having been to school through physical infirmities." And the Wright's Lane Committee state that "several of the boys, on being admitted, are found to be uneducated and

extremely ignorant, and, had they not been received into some home, would probably, owing to their crippled state, have never received even the most elementary instruction." "Their home training, or rather want of training," Mr. Knipe writes, "has entirely unfitted them to submit to discipline, and they kick against anything in the shape of rules and regulations. Their education is often so bad that in many cases they cannot spell a word of three letters."

We read these statements in the light of the fact that of 914 cripples, between the ages of 3 and 13, returned by the School Board as permanently disabled, only 108 attended school, while, at the same time, it is probable that there are nearly two thousand cripples in the elementary school population of London.

Then as to industrial training. For each boy an employment is chosen, with the pursuit of which the crippling or deformity from which he suffers will not interfere. The Moore Street Home and that at Wright's Lane dovetail. At the former, jewellery and stone-setting and boot-making are taught; at the latter, carpentering,

relief - stamping and copper - plate printing, saddlery and harness - making, and tailoring. The boys, as a rule, do well afterwards. The following are some entries taken from the last report of the Wright's Lane Home :—

CARPENTERS—

- A. R. In a good situation at Southall, average wages 18s. per week.
- G. T. Following his trade in Australia.
- C. J. F. Left in 1881. By his own exertions he has risen to be a foreman on a large estate, superintending twenty men.

SADDLERS—

- S. A. Working in Kensington at £1 a week.
- H. R. and J. S. At Lisson Grove ; 15s. a week.

RELIEF-STAMPERS—

- D. P. Employed in printing visiting-cards in the City at 15s. per week.
- F. W. Working for a firm in the City at good wages.

TAILORS—

- G. J. Left in the early part of the year for a situation at 4s. a week indoor. We have since had news of his death.
- A. S. While in the home he was a troublesome, lazy boy ; obtained a situation for him at Barking, from which he was discharged. He then got work at Notting Hill, and again proved unsatisfactory.
- A. W. Working as an improver in the country at 5s. a week and board.

The situations for cripples are obtained by circular to tradespeople in London, and by advertisement in trade papers. "Some cripples," says Mr. Knipe, "set up business on their own account, and, I think, they prefer to have cripples for their improvers and assistants; and, I think, cripples prefer going to cripples, as in other workshops they sometimes experience ill-feeling from their fellow-workmen."

We conclude from this evidence—

(1) That special facilities for the elementary education of the crippled and deformed are urgently required; and

(2) That it is desirable that there should be an extension of industrial homes for cripples, on the lines of the existing institutions, providing both for their preliminary education and for their further industrial training.

For hopeless cases, probably in most instances nothing more can be done beyond what is undertaken by the Invalid Children's Aid Association, and for the care of such children in hospitals and homes a larger amount of accommodation is likely to be provided by degrees from voluntary sources.

We do not set out in detail the recommendations in regard to the crippled and deformed, but we would suggest that recommendations similar to those which we have made in the case of the "feeble-minded" and the epileptic are applicable. In any circumstance, we would urge (see p. 96) "that in order that these cases may be satisfactorily dealt with, the school managers should, in co-operation with the head teachers, make arrangements for the medical and charitable care of children, so far as may be necessary, in conjunction with hospitals and general charities."

In furtherance of this object, we would submit the following suggestions made by Mrs. McCallum, a member of our Committee:—

"In order to render this co-operation more certain and complete, crippled children should be under the charge of a manager, who should visit the home, see that the children are not overtaxed at school, and should in every way second the efforts of the teacher to strengthen the character and develop the faculties of these unfortunate pupils.

"Particulars of each case and of the child's general progress should be reported at the managers' meetings.

"In the case of children who remain for weeks and months in homes and infirmaries, some arrangement should be made for carrying on their teaching.

“Perhaps some ladies, who devote themselves to nursing, might prove willing to go through a short training as teachers, and might hold nursing appointments, with the understanding that a certain time daily should be spent in teaching. Qualified persons would no doubt command higher salaries than the ordinary nurse, and a really intelligent teacher might accomplish much, even allowing for the desultory nature of the work. The results might be fairly ascertained by co-operation between institutions and school managers in the case of children returning to school life.

“In large towns a regular teacher might be employed to visit and teach in several institutions on alternate days.”

CHAPTER XV.

A HOME FOR CRIPPLED CHILDREN IN SWEDEN.

A SHORT account of a Swedish home, where hopeless cripples are received, may conclude this part of our subject. It is another instance of a country home, such as we have described, with slight differences in the case of the feeble-minded and the epileptic—the kind of institution that we would desire to establish, so far as institutions may be actually necessary. With the crippled children here are some “feeble-minded.”¹

At Wilhelmsro, on the shore of Lake Wetter, in Sweden, Lady Ebba de Ramsay has formed a settlement of charitable homes. One of these, the first established, was a small “cripples’ home” for twelve children, opened at the earnest entreaty of a deaconess in the workhouse at Gothenburg. “She was

¹ Cf. the arrangement at the Painswick Home. See Report on the Feeble-Minded, p. 126.

sure the work would be promoted by everybody who heard of it, as there was such a need to have a home for the many diseased, parentless, outcast children, who were unfit to be boarded out among the peasantry by reason of their deformity and weakness. Their lot was to pine away for years in the union, and, at best, to die after a melancholy existence." The new home opened in July, 1874, with the reception of six children from the Gothenburg workhouse, to whom three more were soon after added. The migration to the country at once drew out the happiness of the children. They were treated as the members of a family, united under a matron or "god-mother." Birthdays and Christmas days were kept with festivity. "With the exception of the paralysed boy and girl, the others were able at last to crawl, creep, or limp on crutches into the garden, where the fruit season was especially valued. They were taken down to the lake for bathing on very warm days. No medicine was given as a rule; cold baths in the house, fresh air, strengthening food, and some tonics are, with prayer, the only means

used for their restoration and relief. Much basking in the sun is also found very beneficial, when done with caution." The constitution was thus strengthened. Boys as well as girls joined in a sewing class, besides the ordinary lessons—reading, writing, and arithmetic. "Garden work was a pleasure to some: they *all* must do a little of it in fine weather. They each have, if they wish it, a garden of their own to cultivate, which proves an amusement as well as an inducement to work." Later on, as the home grew, there were picnics; the children were taken to a neighbouring fair, and amused in many simple ways. They had, when they first came, many bad habits, were extremely indolent and careless, and broke almost everything they handled." In this there was a gradual improvement. But it was not possible to do more than alleviate their infirmities in most instances, "to make them happy and good." Some returned to their parents, but the rest remained in the home as their permanent abode—at least a better one than the poor-house. To the first home was afterwards

added a schoolhouse, and a mission-room, and a temperance tavern, and then a new home, called "The Hope." The principle is the same as in other settlements of charities on the continent—a home-like, open-air life, loving-kindness and sunshine, with discipline. In 1878 there were 24 children. The nominal charge per annum is £16 a child; but some are taken for £5 a year, some free of charge.

CHAPTER XVI.

THE ADULT CRIPPLED OR DEFORMED.

FROM several representative unions we have received returns of the number of adult cripples. A very complete statement, kindly furnished to us by Dr. Wycliff Wilson, the medical officer to the Sheffield Board of Guardians, may serve as a type. The following is an analysis of it:—

SHEFFIELD WORKHOUSE.	At beginning of Feb., 1891.	Inmates Entered, Feb.—April.	Went out, Feb.—April.	At end of April, 1891.
CRIPPLED—				
Paralysis from Brain Disease (9 males and 7 females)	13	3	1	
Spine Disease (males)	3			
Hip Disease (male).....	1			
Other Diseases (6 males)—				
2 Wrist-drop from Lead Poisoning ...		2	1	
3 Limbs stiff from Rheumatism.... }	4			
1 Legs deformed from Rickets ... }				
Defect from Injury (4 males 1 female)....	4	1		
Limbs Amputated—				
(a) For Disease (5 males)	2	3	1	
(b) For Injury (3 males).	1	2		
	28	11	3	36

SHEFFIELD INFIRMARY.	At beginning of Feb., 1891.	Inmates Entered, Feb.—April.	Went out, Feb.—April.	At end of April, 1891.
CRIPPLED—				
Limbs Defective from Birth (1 male).....	1			
Club Foot (1 male, 1 female).....	2			
Paralysis from Brain Disease (15 males, 14 females). Hemiplegia in all cases but one: in that case general para- lysis	28	1	3	
Spine Disease (4 males, 1 female).....	5			
Other Diseases (10 males, 4 females)— (including "diseased bone," rheuma- tism, chronic ulcer of leg, etc.).....	14		1	
Defect from Injury (1 male, 1 female)....	2			
Limbs Amputated—				
(a) For Disease (2 males, 1 female)....	3		1	
(b) For Injury (3 males).....	3		2	
	58	1	7	52

This return shows that for the adult crippled—in the widest sense of that term—very little can be done. A few may be able to leave the workhouse or the infirmary, but the bulk are, and must be, permanent residents there. Many of the cases would not come within the scope of this report.

APPENDIX A.

OUTLINE OF A PLAN FOR AN EPILEPTIC COLONY.

By FREDERICK PETERSON, M.D., Attending Physician to the New York Hospital for the Nervous and Epileptic; Chief of Clinic Nervous Department, College of Physicians and Surgeons.

"1. THE first point, then, to be borne in mind is that *buildings should be arranged in a village or colony plan*, separated entirely, often provided with their own little gardens, surrounded by hedges, so that they shall be as independent and home-like as possible. *Though there should be system in their arrangements, there should be no symmetry* such as would lead to their designation as an asylum or an institution at first sight.

"2. The second point is to keep in mind the aims of the colony.

"(a) *It is to be a home*—a community of people cut off all their lives from ordinary social pleasures and pursuits by a malady that really robs them, in most

cases but for a few moments each day, or week, or month, or several months, of their faculties.

“(b) *It is to be a school.* Denied education in public schools, the epileptic here receives such advantages as he requires, and each and every member of the colony, without regard to age, should be given the opportunity, if desired, of acquiring knowledge.

“(c) *It is to be an industrial college.* All useful trades and callings are to be conducted in this colony. Hence, provision for shops of various kinds must be made.

“(d) *It is to be an hospital.* That is, every patient will be treated for his disorder, and there will be one building set aside for such as are feeble-minded, or insane, or confined to bed.

“3. The third subject for consideration is the probable percentage of the various classes. Roughly speaking, we should provide an observation building for new cases (five per cent.), hospital accommodation for say ten per cent., school buildings for fifteen per cent., and shops, residences, etc., for some seventy per cent. of workers.

“4. As to land, there should be from 300 to 400 acres or more, if possible, diversified but well adapted for agriculture, stock-raising, and the like. Out-of-door employment is one of the best means of treatment of epilepsy.

“5. The colony should be situated in the centre of

population, because of ease of access for patients and advantages for the visitation of friends. But a far more important reason for placing it near the largest city of the State is to secure the services of a visiting board of those gentlemen who make a speciality of nervous and mental diseases, and of an expert pathologist, who, together would make it one of the great objects of the colony to discover the cause and cure of a disease from which some 120,000 people are suffering in the United States alone at the present time.

“6. Suggestions as to buildings and their arrangement:—

“(a) The superintendent should have a private house to himself.

“(b) The observation wards (five per cent. of cases), the infirmary wards (for the sick, infirm, demented, and insane, amounting to ten per cent.) and the administration building could be combined advantageously. The observation wards are for new-comers, who must be examined and studied for weeks at a time in order to ascertain their character, their abilities, the nature of their seizures, and the proper kind of treatment for them to undergo. Between these should be the administration building, offices, rooms for one or two resident physicians, accommodation for members of a nurses' training school, etc. Back of these again, but connected by a corridor, are the hospital wards, to be arranged not only for those who

are sick from ordinary illnesses, but also for those who are too feeble-minded for work, or who are insane. Great pains should be taken to isolate the wards for excited patients to such an extent that no one will be disturbed by them. These buildings should contain small dormitories and private rooms. In some part of the hospital should be a hydrotherapeutic chamber, with walls and floor impermeable to water, provided with rain-baths, hot boxes, cold plunge, douches and bath-tubs. There should be separate kitchens and dining-rooms.

“(c) Remote from here a group of cottages for *women*, with extensive gardens for the raising of flowers, flower seeds, berries, bees, etc.

“(d) A group of cottages for *men* next to the gardener's house. These are the men who work about the grounds, caring for the trees, lawns, hedges, paths, and roads. The grounds will be made not only attractive, but instructive, for all trees and shrubs are to be labelled, and an effort should be made to establish not only a botanical garden, but a zoological as well.

“(e) A school building should be provided for children of both sexes of tender years. It should be their residence as well, and the school conducted on the kindergarten plan.

“(f) A large school building for each sex, containing not only school and recitation rooms, but rooms for

studying music, drawing, designing, architecture, modelling, and the like, also rooms for teachers and some of the pupils.

“(g) A museum, lecture-room, library, reading-room, and gymnasium, with a swimming-bath, might be advantageously combined in one building.

“(h) A chapel.

“(i) Stables for cows, sheep, pigs, horses, and dairy, with cottages for men detailed to see to the work required in this department.

“(j) A farmer's house, with a group of cottages for men engaged in farm work.

“(k) Shops. *For men*:—(1) Tailors, shoemakers, and saddlers in one building; (2) carpenters, painters and glaziers, furniture-makers and upholsterers in one building; (3) blacksmiths, iron-founders, tinnern and locksmiths in one building; (4) Printers, bookbinders, etc., in one building. *For women*:—Sewing-room, dressmaking, millinery, fancy work, etc., in one or two buildings. Bedrooms may be combined with some of these buildings, the object being to scatter the residents as much as possible.

“(l) A central kitchen, bakery, and store-room, combined with a cottage or two for the women who work here. From this central kitchen may be sent out to the various houses the chief articles of diet, which should always be simple—bread, mushes, milk, eggs and various groceries, soups and meat, once daily.

Every cottage, however, should have its own dining-room and small kitchen for reheating some foods and for light cooking.

“(m) Laundry, wash-room, ironing-room, mending-room, with a residence for those women who are occupied in this department.

“(n) A pathological laboratory of the most recent design, fully equipped with everything requisite for good scientific work. This laboratory to be in connection with the mortuary, and remote from other buildings. A cottage not far away, for the residence of the pathologist, would be necessary.

“While I have endeavoured to delineate as well as possible the needs of a model epileptic colony, there are many things not mentioned here that will develop with the gradual evolution of the colony. For instance, if the land is such that quarries exist upon it, or that brick may be manufactured, a new industry would arise, requiring its particular cluster of buildings for work and residence.

“The buildings that I have enumerated reach the figure of about thirty. The Bielefeld colony, with a thousand patients, had fifty-five buildings at the time of my visit several years ago.

“With the exception of the observation and hospital building, none of the buildings need be specially planned to meet the wants of epileptics. They should be as much as possible like ordinary houses.

"The ventilation should be by fireplaces and windows, as in ordinary town and country houses.

"Each residence should have, if possible, a simple rain-bath, upstairs dormitories and bedrooms, with a sitting-room, small kitchen and dining-room below.

"It will doubtless be of advantage to make all buildings fire-proof.

"All the buildings need not be constructed at once. A community of this kind cannot be provided for in a moment. It must grow into a colony by a sort of evolution, its wants being supplied as they become manifest, through the intelligent direction of its superintendent and trustees. The inhabitants of this colony will in time be able to erect their own buildings as required.

"And now a word or two as regards commitment. All patients under age can be sent by their parents, just as they would send children to boarding schools, transferring their parental authority for the time being to the officers and teachers of the colony. All other patients are to be voluntary denizens of the colony, except such as through mental impairment of any kind require confinement in the infirmary; and with these last the ordinary procedures taken in lunacy cases should be carried out, formally committing them to the infirmary of the colony."

APPENDIX B.

NATIONAL SOCIETY FOR THE EMPLOYMENT OF EPILEPTICS.

“PROVISION has been made by the law to enable the guardians of the poor to deal with many of the afflicted classes, and there are many charities for the maintenance and education of the blind, deaf, and dumb, crippled, idiotic, and insane. Some of these charities have existed since the last century, but the greater number of them have been established within the last thirty years.

“There are three hospitals for the paralysed and epileptic in London, and the largest and most important of these has a well-managed convalescent home connected with it. There is a home for the epileptics working successfully at Maghull, near Liverpool, and Lady Meath’s ‘Home of Comfort’ at Godalming has lately been opened; but these alone are insufficient to deal adequately with this sadly afflicted class.

“The majority of the charitable institutions, however, refuse admission to epileptics, and all charitable

workers, whether medical or lay, have found it next to impossible to obtain employment for those who suffer from fits, with the result that the workhouses, Poor Law infirmaries, and lunatic asylums become the only places where these unfortunate people can be received. . . .”

After referring to the Bielefeld colony, etc., the paper proceeds: . . . “The result of many committee and drawing-room meetings, attended by leading physicians and others interested in the question, has been that an Executive Committee has been formed, the members of which, after much consideration, have determined to appeal to the public for sufficient funds to enable them to establish homes where sane epileptics may be provided with suitable employment under proper supervision.

“To carry out this idea, it is thought necessary to purchase, or to rent with the option of purchasing, a piece of fair land of about 100 acres, if possible within one hour’s railway journey from London, and with a good house and cottages standing on it.

“The following plan is proposed:—

“To provide a home for those necessitous epileptics who are able and willing to work, but for whom their friends are unable to procure employment on account of the affliction which bars their admission into ordinary fields of industry. It is intended that the cottages shall be arranged for these, and shall

each accommodate, according to their size, from ten to twenty epileptics. The sexes will be separated, as also will the children from the adults. Market gardening, spade and barrow labour, cow-keeping, dairy work, and poultry farming will be the first industries; then gardening and fruit culture, and later on will follow bootmaking, carpentering, book-binding, printing, and other industries; and for the women, laundry work, sewing, cooking, and various domestic services.

“The produce of the market garden and the other industries, after supplying the home, will go towards the expenses.

“There will be a bailiff, who has a knowledge of market gardening, dairy work, etc., to direct the work on the land; he and his wife will take charge of one of the cottages with its inmates.

“The needs of the poor will be the first consideration, but it is in contemplation to extend the advantages of the institution to those possessed of pecuniary means, who will be received as boarders; any profit derived from payments by these boarders will assist in defraying the cost of maintenance of the others, as will also any gain received from the labours of the inmates.

“All will be employed in the manner best suited to their condition. There will be a resident medical officer, who will act as Superintendent of the home,

and a Lady Superintendent will direct the domestic arrangements.

"All cases will be considered by the Committee, and the advice of the honorary medical staff taken before admission is granted to the institution.

"The institution will be conducted on undenominational principles.

"There will be a Patron, a President, Vice-Presidents, Lady Patronesses, Trustees, and Governors. The Governors will include all annual subscribers of three guineas and upwards; all donors of thirty guineas and upwards paid at any one time for the benefit of the institution; the Hon. Secretary; Hon. Treasurer; the Hon. Medical Staff; and other persons duly appointed in respect of any special services rendered to the institution.

"There will be a Council consisting of at least thirty Governors, with power to add to their number. The President, Vice-Presidents, the Hon. Secretary, Hon. Treasurer, the Trustees, and the Hon. Medical Staff will be *ex-officio* members.

"The members of the Council other than the *ex-officio* members will be elected each year by the Governors at an annual meeting to be held early in each year.

"The Council will have full powers to govern and administer the affairs of the society, and will nominate each year fifteen of its number to form an

Executive Committee to conduct the business and to attend to the details of management. The Hon. Officers will be *ex-officio* members of the Executive Committee.

“The following have already signified their willingness to support the scheme :—

The Right Hon. the Lord Chancellor.	R. Brudenell Carter, Esq., F.R.C.S.
The Right Hon. the Earl of Malmesbury.	Sir Andrew Clark, Bart., M.D., P.R.C.P., F.R.S.
The Right Hon. Earl Percy.	Canon Erskine Clarke.
The Right Hon. Lord Sandhurst.	Sir Robert Collins, K.C.B.
Lord Rowton.	Walter Colman, Esq., M.D.
The Right Hon. A. J. Balfour, M.P.	Sir J. Crichton Browne, M.D., F.R.S.
The Right Rev. the Bishop of Argyll and the Isles.	Canon Duckworth.
The Right Hon. the Dowager Countess of Aberdeen.	Prebendary Eyton.
The Right Hon. the Dowager Countess of Glasgow.	Principal Fairbairn.
The Lady Frederick Cavendish.	R. Farquharson, Esq., M.D., M.P.
The Lady Rothschild.	D. Ferrier, Esq., M.D., F.R.S.
The Lady Battersea.	Rev. Charles Gore, M.A.
The Lady Louisa Egerton.	W. R. Gowers, Esq., M.D., F.R.S.
The Lady Taunton.	R. Marcus Gunn, Esq., F.R.C.S.
Lady Lindsay.	R. B. Haldane, Esq., Q.C., M.P.
Edgar Barker, Esq., M.R.C.S.	Canon Scott Holland.
H. C. Bastian, Esq., M.D., F.R.S.	Professor Victor Horsley, F.R.S.
C. E. Beevor, Esq., M.D.	J. Hughlings Jackson, Esq., M.D., F.R.S.
W. H. Broadbent, Esq., M.D.	Mrs. Selfe Lennard.
Thomas Bryant, Esq., P.R.C.S.	Sir Joseph Lister, Bart., F.R.S.
Professor Burdon-Sanderson.	C. S. Loch, Esq.
T. Buzzard, Esq., M.D.	Hugh Matheson, Esq.
James Carnegie, Esq.	F. D. Mocatta, Esq.

J. A. Ormerod, Esq., M.D.	Arnold Royle, Esq., M.D., F.R.S.
Sir James Paget, Bart., F.R.S.	Edward Silva, Esq.
Sir Richard Quain, Bart., M.D., F.R.S.	D. Haek Tuke, Esq., M.D.
Mrs. Radcliffe.	Miss Louisa Twining.
Madame de Ramsay.	T. Outterson Wood, Esq., M.D.
J. Russell Reynolds, Esq., M.D., F.R.S.	

“At the outset the Executive Committee intend to start with a few male epileptics; but before anything can be accomplished pecuniary support must be forthcoming, and it is calculated that at least £10,000 will be necessary before any initiative can be taken, and, to sufficiently endow the institution, £20,000 will be required. £1,000 has already been promised by one sympathiser, on condition that the main lines of the above scheme are adopted.

Executive Committee.

Lieut.-Colonel Montefiore, *Chairman.*

T. Buzzard, Esq., M.D., F.R.S.	Miss Nina Paget.
D. Ferrier, Esq., M.D., F.R.S.	Miss M. L. Parker.
Mrs. Ferrier.	John Pearman, Esq.
Prebendary Harry Jones.	Mrs. Pearman.
Mrs. King-Roberts.	Mrs. Silva.
E. M. Micholls, Esq.	Howard Tooth, Esq., M.D.

G. Penn Gaskell, Esq., *Secretary.*

Miss Burdon-Sanderson, *Honorary Secretary*, Branksome,
Greenhill Road, N.W.

H. N. Hamilton Hoare, Esq., *Honorary Treasurer*, 37 Fleet
Street, E.C.

Messrs. Barnard & Tayler, *Hon. Solicitors*, 47 Lincoln's Inn Field.
Office: 20 Hanover Square, W.

“Contributions may be sent to the Honorary Secretary, or to the Bankers, Messrs. Hoare & Co., 37 Fleet Street, E.C.”

APPENDIX C.

FORM OF APPLICATION AND INSTRUCTIONS, MAGHULL HOME, LIVERPOOL.

BEFORE admission, the following form of application must be accurately filled up, to be afterwards preserved in the case-book of each patient:—

“HOME FOR EPILEPTICS, MANOR HOUSE, MAGHULL,
“NEAR LIVERPOOL.

“Particulars of the patient for whom application for admission is being made.

“To be signed by parent or other relative of patient.

“1. Name and address of patient.

“2. Age and occupation of patient.

“3. Ages and state of health of parents, brothers, and sisters who are alive.

“4. Ages and causes of death of parents, brothers, and sisters who are deceased.

“5. What evidence is there of epilepsy, insanity, chorea, hysteria, apoplexy, paralysis, or other nervous diseases amongst immediate or remote relations?

“6. What evidence is there of consumption, cancer, rheumatism, or gout in family history?

"7. What diseases or injuries has patient ever suffered from? Give dates and duration.

"8. Date and circumstances of first epileptic attack.

"9. Supposed cause of epilepsy.

"10. Frequency of attack, and if increasing or diminishing in frequency.

"11. What warning is given of an attack either to the patient or his friends?

"12. Describe as fully as possible any attack that has been observed.

"13. In what part of the body do the convulsions first appear?

"14. What bad or dirty habits has the patient acquired?

"15. Can he attend to his own wants?

"16. Has he ever shown signs of being dangerous to himself or others?

"17. What is his mental condition.

"18. What previous treatment has he received.

"Name,.....

"Address,.....

"I certify that I have attended the above patient, and believe the above statement to be correct, and that the patient is suitable for admission to the Home for Epileptics, Maghull.

"Name,.....

"Address,.....

"Medical Attendant.

“N.B.—This sheet is to be filled up as accurately and as carefully as possible, and sent to Dr. Alexander, 100 Bedford Street South, Liverpool, who will, from it, form a conclusion of the suitability of the case for admission, and also, if admitted, of the course of treatment required. Any serious omission or incorrect statement may render more difficult the due treatment of the case, and even necessitate the patient being sent home as unsuitable.”

“When the patient presents himself, further particulars as to his condition and habits will be ascertained, another sheet will be filled up by the examining officer, in which the condition of every organ in the body, and the general physique, will be noted, as far as our means of doing so, by all methods available at the present time.

“The patient will then be closely watched, and the nature, duration, accompaniment, sequelæ, or complications of the fits recorded, and from these an opinion of the necessity and kind of medical treatment will be formed.

“The inclination, habits, mental disposition and power of the patient being at the same time observed, some clue will be obtained as to the probability of teaching or employing him, and in what way.

“Under whatever treatment the patient is placed, the effects not only upon the disease, but upon the mind and body of the patient, will be determined in every possible way.

“The whole life history of every epileptic, whilst in

the home, will be written as minutely as possible, and an earnest endeavour will be made to ascertain the at present unknown laws under which the fits cease under treatment in some cases, and why in other cases the same treatment fails to have any effect. We intend that here medical science will do its very best for the elucidation and cure of the disease.

“Then, after all the various operations that I have described, time and care are needed to produce their full effect. These cases can be sent here during their period of probation until the cure is considered sound and lasting, or its failure is manifest. By this means fewer cases will in all probability fail.”¹

¹ Extract from *The Treatment of Epilepsy*, by Dr. Alexander, pp. 178-9-80.

APPENDIX D.

EXISTING INSTITUTIONS FOR EPILEPTICS IN OTHER EUROPEAN COUNTRIES.

BESIDES the institutions mentioned below there are many hospitals and idiot asylums in which epileptics may be found, in the countries mentioned, as well as in others. We have endeavoured to give as complete a list as possible of all institutions in which the epileptics are treated separately.

Germany.

In Germany, more than in any other country, and especially in Prussia, attention has been given to the special treatment of epileptics.

In *Prussia* there are the following institutions, almost all of them due in their origin to private enterprise. Bielefeld seems to be the only one generally known as a "colony," but its methods are generally more or less followed. The province, date of foundation, and number of inmates are given where it is possible.

Bielefeld (1867),	Westphalia—fully described in the Report.
Tilbeck (1881),	„ Catholic, 200 adults and children.
Olpe (1884),	„ children.

Neinstedt, Thale am Harz (1876), Saxony, 75 women and children, in addition to those who are imbeciles.

Rotenburg (1880), Hanover, 76.

Karlshof (1882), East Prussia, 80.

Scheuern (1883), Hesse Nassau, for epileptics and imbeciles.

Rath, Dusseldorf (1883), Rhineland, 100 women.

Aix-la-Chapelle (1883), „ Catholie.

Potsdam (1886), Brandenburg.

Dalldorf (1847), „ for Berlin. It is stated that it is intended to provide accommodation for 1,000 epileptics at Berlin, at a cost of over £200,000.

Grunhof, Stettin, Pomerania, 201.

Gorlitz (1885), Silesia.

Krasehnitz (1862), Silesia, 62, besides epileptic imbeciles.

Sehleswig (1852), Sehleswig-Holstein, 150.

Bavaria.—Polsinger (1866), idiot asylum, 80 epileptics.

Frankenthal (1881), Pfalz, 112.

Wurzburg (1873), for incurables only.

Kingdom of Saxony.—Hubertusburg (1883), under State management.

Klein-Wachau, Radeberg (1889), 40.

At Möckern, Leipsie; Sohland, near Bautzen; Siegmar, near Chemnitz, are smaller institutions.

Wurtemberg.—Friedrichshafen (1862), Lake of Constance, assisted by State subsidy, 28.

Stetten (1886), Stuttgart, 160.

Mariaberg (1847), Reutlingen, 13.

Baden.—Herthen (1879), 25.

Brunswick.—Neu Erkerode, 37.

Hamburg.—Alsterdorf, 86.

Frankfort on the Main (1864).

Switzerland.

Three institutions for both sexes, all partly supported by voluntary contributions.

Asile de Rolle (1884), Vaud, 26.

Ruti, Riesbach, Zürich (1886), 44 men, 73 women. See pp. 29, 67.

Schloss Tschugg (1886), Berne.

Holland

The Christian Home, Haarlem (1884), 70 women and 77 men.
See p. 70.

France.

Asiles John Bost ; described p. 40.

Asile de la Teppe, at Tain, Dépt. de la Drôme. See p. 74.

We have received also the numbers of epileptics at the hospitals of Bicêtre and La Salpêtrière.

	<i>Bicêtre.</i>	<i>Salpêtrière.</i>
Epileptics "simples," adults,	61.	183.
children,	23.	27.
Epileptics also in- } adults,	182.	150.
sane or imbecile, } children,	217 (boys, 189).	64.

Belgium.

No special asylum or home existed in 1889. A Government inquiry was made in 1886, and the numbers of epileptics reported as known were—men, 1,769; women, 1,467; total, 3,236, or including the cases in idiot asylums, 4,707.



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[NOTICE ISSUED WITH THE FIRST VOLUME OF THE
CHARITY ORGANISATION SERIES.]

THE CHARITY ORGANISATION SERIES.



ON the issue of the first volume of the Charity Organisation Series, a word may be said by way of advertisement.

Since the establishment of the Society, the Council have from time to time published Reports of Special Committees and other Books and Papers bearing on various branches of charitable work. Some of these have had a wide circulation, and would, it is thought, have become better known to the general public if they had been published as volumes of a series. Accordingly, this plan of publication has now been adopted.

The Reports already issued include the following, which can be obtained at the Offices of the Council, 15 Buckingham Street, Strand, W.C. :—

Night Refuges (1870), 4d.

The Homeless Poor of London (1891), 1s.

Soup Kitchens * (1871), 1s.

Soup Kitchens* (Second Report, 1877), 3d.

Charity and Cheap Food (1887), 1s.

Medical Charities, with Rules for Provident Dispensaries * (1871), 6d.

Memorandum on the Medical Charities of the Metropolis (1889), 1s.

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Dwellings of the Poor* (1873), 6d.

Dwellings of the Poor * (Second Report, 1881), 1s.

Education and Care of Idiots, Imbeciles, and Harmless Lunatics (1877), 1s.

The Feeble-minded, Epileptic, &c. (Interim Report, 1891), 3s. 6d.

Employment of Italian Children for Mendicant Purposes, &c. (1877), 1s.

The Training of the Blind (1878), 1s.

Exceptional Distress (1886), 6d.

The Preparation and Audit of Accounts of Charitable Institutions (1890), 1s.

School Children in Want of Food (1891), 6d.

* These Reports are out of print.

On the new Series, of which "Insurance and Saving" is the first volume, the same care has been bestowed as on the Reports previously issued.

The Council of the Society feel that, in these publications, stress must be laid on two points. There must be, in consultation with experts on each subject, such a careful examination of the facts, and appreciation of the details, that the investigation may be of scientific value, at least, as a step towards completer knowledge and more practical treatment. Next there must be, the Council feel, a full and fair recognition of that higher charity of life and deed, which it is the chief aim of the Society to bring into being. In dealing with the complex problem, which each case of individual distress brings to light, they would trust to the unflinching devotion of those who, knowing the facts, and concentrating their efforts, will help to work out, through their love and insight, the moral welfare of those who come to them in distress. In these Reports and Papers, then, there should be blended the knowledge that comes of experience and observation, and the love

that is fearless and full of faith. It is a high ideal, but—

“A hope begun
In doubt and darkness 'neath a fairer sun
Cometh to fruitage, if it be of Truth ;
And to the law of meekness, faith, and ruth,
By inward sympathy shall all be won.”

The volumes of the Charity Organisation Series, which are next to be published, and are now in preparation, are—

THE BETTER WAY OF ASSISTING SCHOOL CHILDREN,
AND
THE CARE OF THE FEEBLE-IN-MIND, EPILEPTICS,
AND CRIPPLES.*

C. S. LOCH, *Secretary.*

March, 1892.

CHARITY ORGANISATION SOCIETY,
15 BUCKINGHAM STREET,
STRAND, W.C.

* This will be published in two volumes, one on the care of the “Feeble-minded,” and a second on “Epileptics and Crippled.” Jan., 1893.

